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A SYSTEM APPROACH TO NAVY MEDICAL EDUCATION AND TRAINING. APPEN--ETC(U)

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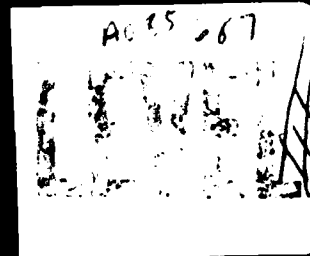
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APPENDIX 12.

GENERAL DUTY CORPSMAN

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APPLICATION OF A SYSTEM APPROACH
U.S. NAVY MEDICAL DEPARTMENT
EDUCATION AND TRAINING PROGRAMS
FINAL REPORT

Prepared under Contract to
OFFICE OF NAVAL RESEARCH
U.S. DEPARTMENT OF THE NAVY

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Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The study objective consisted of a determination of what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50		

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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.

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FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

NAVY MEDICAL DEPARTMENT

TASK INVENTORY BOOKLET

GENERAL CORPSMAN

CONSTRAINTS AND ETHICAL USE

This task inventory was developed three years ago in a first-version key punch format for education and training research purposes.

The present "operational" format, using a mark-sense response booklet (Opscan), is recommended for future applications. The task and equipment statements comprising the bulk of the inventory are precisely the same (less duplicate entries) as in the original research tools but rearranged for Opscan mode. Biographical data questions have also been reformatted for Opscan (NEC codes should be updated).

The processing, administering and formatting of this inventory have thus been readied for operational application.

It is strongly recommended that this inventory be updated in its task and equipment statement sections before actual operational use. These reasons pertain:

- Changes in medical or related procedures or techniques
- Some tasks may violate current policy or be obsolete
- Equipment changes may have occurred
- The objective of task comprehensiveness may change
- Objectives may shift to embrace manpower utilization as well as education and training

In the latter regard, the present operational format includes a "time to perform" dimension (as well as frequency of performance and two additional optional blank response dimension fields). As a response dimension, "time to perform" has been validated within the context of inventories for professional personnel where the objectives embraced utilization (i.e., time associated with shared and delegable tasks). The original Enlisted inventory content was directed to education and training factors only. If "time to perform" is to be used operationally, each task and equipment statement should be examined by expert job incumbents to remove possible overlaps which could confound "time to perform" data. This review process would also serve other purposes cited above.

A general precaution is in order.

When task analysis inventories are poorly prepared, loosely administered, administered according to less than rigorous sampling, or are handled casually in processing or interpretation, they will inevitably produce poor or questionable data, at best. At worst, such practices will result in loss of money and time, and produce dangerous data. Inventories should be prepared, applied, processed and interpreted only by knowledgeable professional and technical personnel. As in the cases of ethically controlled behavior tests, inventories should not be casually copied or distributed, and should remain under the control of authorized, trained personnel. Factors effecting reliability and validity should be fully appreciated.

GENERAL INSTRUCTIONS

There are two parts to be completed for this survey:

- Part I Career Background Information
 (answers to be recorded in this
 TASK BOOKLET)

- Part II A List of Tasks (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

- B List of Instruments and
 Equipment (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

Each part is preceded by a set of instructions. Be sure to read them carefully before you start answering each part. All instructions are found on the tinted pages.

PLEASE USE ONLY NUMBER 2 LEAD PENCILS. ERASE ALL CHANGES CAREFULLY AND COMPLETELY. DO NOT PUT ANY MARKS OTHER THAN YOUR ANSWERS ON EACH RESPONSE PAGE.

DO NOT FOLD, WRINKLE, CREASE OR DETACH PAGES FROM EITHER TASK BOOKLET OR RESPONSE BOOKLET.

WHEN RECORDING YOUR ANSWERS YOU MAY WANT TO USE A RULER TO READ ACROSS ANSWER AND QUESTION COLUMNS.

WHEN YOU HAVE COMPLETED YOUR RESPONSES, PUT THE TASK INVENTORY BOOKLET AND THE RESPONSE BOOKLET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. SEAL AND RETURN TO THE OFFICER WHO GAVE YOU THIS PACKAGE. COMPLETED BOOKLETS SHOULD BE RETURNED WITHIN ONE WEEK OF RECEIPT.

Part I

CAREER BACKGROUND INFORMATION

Check that the Form and Serial Number in this box match those on the cover of this Booklet

Please fill out completely

Name of your Duty Station _____

City & State (if applicable) _____

Your Name _____

Social Security Number _____

DO NOT FILL IN

N
Form Serial No.

(1)

(7)

(14)

PLEASE ANSWER QUESTIONS BELOW BY ENTERING THE PROPER NUMBER IN THE BLANKS PROVIDED. TWO BLANKS REQUIRE A TWO-DIGIT ANSWER. DISREGARD NUMBERS IN PARENTHESIS.

ENTER
ANSWERS
HERE

Q1. Select the number to indicate the Corps to which you belong:

1. Dental Technician
2. Hospital Corps

Q1.____ (23)

Q2. Indicate your military status:

1. USN
2. USNR

Q2.____ (24)

Q3. Indicate your pay grade:

1. E1
2. E2
3. E3
4. E4
5. E5
6. E6
7. E7
8. E8
9. E9

Q3.____ (25)

Q4. Indicate your total years of active duty in the Navy to date: (estimate to the nearest year)

1. Less than 2 years
2. 2 to 4 years
3. 5 to 8 years
4. More than 8 years

Q4.____ (26)

		ENTER ANSWERS HERE
Q5.	Select the number to indicate your present immediate supervisor:	Q5.____ (27)
	1. Physician 2. Dentist 3. Nurse 4. MSC Officer 5. HM or DT 6. Other (Specify) _____	
Q6.	Select the number to indicate the average number of hours you work per week: (estimate to the nearest hour)	Q6.____ (28)
	1. 35 to 40 hours 2. 41 to 50 hours 3. More than 50 hours	
Q7.	Please give an estimate of the percent of time you spend on the following (write five percent as <u>05</u>):	Q7.
	1. Inpatient care 2. Outpatient care 3. Teaching 4. Administration 5. Other (specify) _____	1._____% (29) 2._____% (31) 3._____% (33) 4._____% (35) 5._____% (37)
Q8.	Assuming that most or all of the following factors are of importance to you, select the three which, if improved, would contribute <u>most</u> to your job satisfaction:	Q8.____ (39)
	01 Salary and/or promotion opportunities 02 Retirement benefits 03 Housing 04 Educational advancement opportunities 05 Stability of tour of duty 06 Physical facilities and equipment 07 Administrative and clerical support 08 Work load 09 Personal career planning 10 Opportunity to attend professional meetings	____ (41) ____ (43)

ENTER
ANSWERS
HERE

- Q9. Using the list on page vii specify your current NEC by writing the last two digits of the CODE. Q9. __ __ (45)
- Q10. Select the number to indicate your years of experience corresponding to the NEC stated in Q9: (estimate to the nearest year) Q10. __ __ (47)
1. Less than 1 year 4. 6 to 10 years
2. 1 to 2 years 5. 11 to 15 years
3. 3 to 5 years 6. More than 15 years
- Q11. If you have other NEC(s) in addition to the one specified in Q9, check page vii and indicate the last two digits of the CODE(s). If you have none, enter "99" in answer space for Q11 and Q12. Q11a. __ __ (48)
b. __ __ (50)
- Q12. Select the number to indicate the years of experience you had in the NEC(s) stated in Q11 (estimate to the nearest year). Q12a. __ __ (52)
b. __ __ (53)
1. Less than 1 year 4. 6 to 10 years
2. 1 to 2 years 5. 11 to 15 years
3. 3 to 5 years 6. More than 15 years
- Q13. From the list below, write the two-digit CODE to indicate the specialty of the department in which you are currently functioning. Q13. __ __ (54)

CODE

- | | |
|--------------------------|--------------------|
| 01 Administration | 18 Urology |
| 02 Education | 19 Intensive Care |
| 03 Anesthesiology | 20 Operating Room |
| 04 Coronary Care | 21 Emergency Room |
| 05 Dermatology | 00 Other (specify) |
| 06 Medicine - OPD | |
| 07 Medicine - Wards | |
| 08 Obstetrics/Gynecology | |
| 09 Ophthalmology | |
| 10 Orthopedics | |
| 11 Otolaryngology | |
| 12 Medical Laboratory | |
| 13 Pediatrics | |
| 14 Psychiatry | |
| 15 Public Health | |
| 16 Radiology | |
| 17 General Surgery-Wards | |

ENTER
ANSWER
HERE

Q14. Select the number to indicate the type of duty station at which you currently work, and have been working for at least 30 days:

Q14. __

(56)

1. Hospital
2. Dispensary
3. Aboard ship/sub, no M.O. (or D.O.) aboard
4. Aboard ship/sub, M.O. (or D.O.) aboard
5. Aviation squadron/wing, Navy or Marine
6. Marine ground forces
7. Administrative Commands
8. Research Commands or PMUs
9. Dental Clinic
0. Other _____

Q15. Indicate the number of people you normally supervise:

Q15. __

(57)

- | | |
|---------|------------|
| 0. None | 3. 6-10 |
| 1. 1-2 | 4. 11-20 |
| 2. 3-5 | 5. over 20 |

MEDICAL/DENTAL NEC (NAVAL ENLISTED CODE) AND TITLE

0000 General Service, Hospital or Dental Corpsman
3371 Health Physics & Process Control Technician
3391 Nuclear Power Plant Operator
8402 Nuclear Submarine Medicine Technician
8403 Submarine Medicine Technician
8404 Medical Field Service Technician
8405 Advanced Hospital Corps Technician (Class B)
8406 Aviation Medicine Technician
8407 Nuclear Medicine Technician
8408 Cardiopulmonary Technician
8409 Aviation Physiology Technician
8412 Clinical Laboratory Assistant Technician
8413 Tissue Culture Technician
8414 Clinical Chemistry Technician
8415 Medical Technology Technician
8416 Radioactive Isotope Technician
8417 Clinical Laboratory Technician
8432 Preventive Medicine Technician
8433 Tissue Culture and Tissue Bank Technician
8442 Medical Administrative Technician
8452 X-ray Technician
8453 Electrocardiograph/Basal Metabolism Technician
8454 Electroencephalograph Technician
8462 Optician (General) Technician
8463 Optician Technician
8466 Physical and Occupational Technician
8472 Medical Photography Technician
8482 Pharmacy Technician
8483 Operating Room Technician
8484 Eye, Ear, Nose, & Throat Technician
8485 Neuropsychiatry Technician
8486 Urological Technician
8487 Occupational Therapy Technician
8488 Orthopedic Appliance Mechanic
8489 Orthopedic Cast Room Technician
8492 Special Operations Technician
8493 Medical Deep Sea Diving Technician
8494 Physical Therapy Technician
8495 Dermatology Technician
8496 Embalming Technician
8497 Medical Illustration Technician
8498 Medical Equipment Repair Technician
8703 DT General, Advanced
8707 DT Field Service
8713 DT Clinical Laboratory
8714 DT Research Assistant
8722 DT Administrative
8732 DT Repair
8752 DT Prosthetic, Basic
8753 DT Prosthetic, Advanced
8765 DT Maxillofacial Prosthetic

RESPONSE BOOKLET INSTRUCTIONS

- To complete Part II, you need this TASK BOOKLET and the accompanying RESPONSE BOOKLET. Record all your answers to Part II in the RESPONSE BOOKLET.
- All pages of the RESPONSE BOOKLET are machine readable. In order for responses to be properly read, please be sure to:
 1. Use a No. 2 pencil only
 2. Carefully and completely shade the number corresponding to your answer under each column.
- Complete Page 00 of the RESPONSE BOOKLET first. Follow instructions given on the page. Fill in Line 1, and Boxes 2, 3, 4, and 5. Ignore all other boxes. BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER (WRITE DOWNWARD) IN THE BLANK SPACES IN BOX 3: then darkly shade the corresponding number on each line. An example of a completed Page 00 is shown on the next page (the handwritten notes in this example are for clarification only. Please do not make similar notes on your RESPONSE BOOKLET.)
- After completing Page 00, carefully read and follow instructions given on pages x through xiv.
- PLEASE HANDLE YOUR RESPONSE BOOKLET CAREFULLY. KEEP IT CLEAN AND AWAY FROM CHEMICALS. DO NOT DETACH, FOLD, WRINKLE OR CROSS OUT ANY PAGE.

DO NOT MARK IN THESE BOXES	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	RESPONSE BOOKLET			
	Serial No. 0233			

my name is

1 NAME Mary Smith

Ignore these boxes

INSTRUCTIONS	
1.	Use No. 2 pencil ONLY.
2.	Indicate responses with solid black mark in space provided.
3.	Erase COMPLETELY all changes.
4.	Do not detach forms from packet.
5.	Answer questions 2 through 5 below.
6.	See Task Statement Booklet for further instructions for completing boxes to the right.

Today is June 4, 1972
June = 06
1972 = 72

2 TODAY'S DATE	MONTH	0 1 2 3 4 5 6 7 8 9
	DAY	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9

my Soc. Sec. No. is 304-26-4751

3 SOCIAL SECURITY NUMBER	3	0 1 2 3 4 5 6 7 8 9
	0	0 1 2 3 4 5 6 7 8 9
	4	0 1 2 3 4 5 6 7 8 9
	2	0 1 2 3 4 5 6 7 8 9
	6	0 1 2 3 4 5 6 7 8 9
	9	0 1 2 3 4 5 6 7 8 9
	7	0 1 2 3 4 5 6 7 8 9
	5	0 1 2 3 4 5 6 7 8 9
	1	0 1 2 3 4 5 6 7 8 9

SEE COVER OF YOUR TASK BOOKLET Form Nao. Ser. No. 0233

4 TASK BOOKLET	FORM	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
	SERIAL NO.	0 1 2 3 4 5 6 7 8 9
		0 1 2 3 4 5 6 7 8 9
		0 1 2 3 4 5 6 7 8 9
		0 1 2 3 4 5 6 7 8 9

my birthday is May 10, 1940
May = 05 1940 = 40

5 DATE OF BIRTH	MONTH	0 1 2 3 4 5 6 7 8 9
	DAY	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9
	YEAR	0 1 2 3 4 5 6 7 8 9

**TASK ANALYSIS BACKGROUND
DATA SHEET**

SEE TASK STATEMENT BOOKLET FOR INSTRUCTIONS TO COMPLETE BOOKLET	6	0 1 2 3 4 5 6 7 8 9	13 0 1
		0 1 2 3 4 5 6 7 8 9	14 0 1
		0 1 2 3 4 5 6 7 8 9	15 0 1
		0 1 2 3 4 5 6 7 8 9	16 0 1
	7	0 1 2 3 4 5 6 7 8 9	17 0 1
		0 1 2 3 4 5 6 7 8 9	18 0 1
		0 1 2 3 4 5 6 7 8 9	19 0 1
		0 1 2 3 4 5 6 7 8 9	20 0 1
	8	0 1 2 3 4 5 6 7 8 9	21 0 1
		0 1 2 3 4 5 6 7 8 9	22 0 1
		0 1 2 3 4 5 6 7 8 9	23 0 1
		0 1 2 3 4 5 6 7 8 9	24 0 1
9	0 1 2 3 4 5 6 7 8 9	25 0 1	
	0 1 2 3 4 5 6 7 8 9	26 0 1	
	0 1 2 3 4 5 6 7 8 9	27 0 1	
	0 1 2 3 4 5 6 7 8 9	28 0 1	
10	0 1 2 3 4 5 6 7 8 9	29 0 1	
	0 1 2 3 4 5 6 7 8 9	30 0 1	
11	0 1 2 3 4 5 6 7 8 9	31 0 1	
	0 1 2 3 4 5 6 7 8 9	32 0 1	
12	0 1 2 3 4 5 6 7 8 9	33 0 1	
	0 1 2 3 4 5 6 7 8 9	34 0 1	

Ignore these boxes

PART II

PART II A LIST OF TASKS

PART II B LIST OF INSTRUMENTS AND EQUIPMENT

HOW TO RESPOND TO TASK STATEMENTS AND INSTRUMENTS

Your responses to each statement should be marked on the corresponding page, column and item number in your RESPONSE BOOKLET.

Note that each page in your RESPONSE BOOKLET has two response blocks. The left-hand block (items 1-25) is for entering responses to statements printed on LEFT pages of this TASK BOOKLET; the right-hand block (items 26-50) is for the responses to statements printed on RIGHT pages. Make sure that your answers are recorded in the appropriate block on every page. DO NOT MAKE ANY MARKS OTHER THAN YOUR ANSWERS!

Each time you start a new page in your RESPONSE BOOKLET, check the page on your TASK BOOKLET. See that the numbers match; then mark the page number in "Box X" in the response page (see instructions at the top of response page.) This is necessary for computer processing.

Tear the Response Guide (p. xiii) at the perforation, and use the correct side to respond to each task or instrument found on the following white pages. Note the following detailed explanation of responses.

Column A - (the responses to Column A differ for Part II A and Part II B, be sure to use the appropriate set of responses.)

Part II A

How often did you do this task within the last month?
(If you were on leave, consider your immediate past working month.)

- 0 - Did not do
- 1 - Did less than 5 times
- 2 - Did 5 to 20 times
- 3 - Did 21 to 50 times
- 4 - Did 51 to 100 times
- 5 - Did more than 100 times

Part II B

How often did you use this instrument or piece of equipment within the last month? (If you were on leave, consider your immediate past working month.)

- 0 - Did not use
- 1 - Used less than 5 times
- 2 - Used 5-20 times
- 3 - Used 21-50 times
- 4 - Used 51-100 times
- 5 - Used more than 100 times

If answer in Column A is 0, go to the next statement. If answer is 1, 2, 3, 4 or 5, answer also Columns B, C & D.

Column B

Indicate the approximate time you spent on a single performance the last time you performed this task.

0 = less than one minute

1 = 1 to 4 minutes

2 = 5 to 10 minutes

3 = 11 to 20 minutes

4 = 21 to 30 minutes

5 = 31 to 60 minutes

6 = 1 to 2 hours

7 = more than 2 hours

Column C

Do you feel you need additional training to perform this task?

0 = No

1 = Yes

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIA - LIST OF TASKS

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ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

A	B	C	D
FREQUENCY	TIME CONSUMED (single performance the last time performed)	DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK?	OPTION (Additional instructions will be given if this column is used)
0=DID NOT DO LAST MONTH	0=LESS THAN 1 MINUTE	0=NO	
1=DID LESS THAN 5 TIMES	1=1 TO 4 MINUTES	1=YES	
2=DID 5 TO 20 TIMES	2=5 TO 10 MINUTES		
3=DID 21 TO 50 TIMES	3=11 TO 20 MINUTES		
4=DID 51 TO 100 TIMES	4=21 TO 30 MINUTES		
5=DID MORE THAN 100 TIMES	5=31 TO 60 MINUTES		
	6=1 TO 2 HOURS		
	7=MORE THAN 2 HOURS		

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIB - LIST OF INSTRUMENTS AND EQUIPMENT

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

A	B	C	D
FREQUENCY	TIME CONSUMED (last time used)	DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK?	OPTION (Additional instructions will be given if this column is used)
0=DID NOT USE LAST MONTH	0=LESS THAN 1 MINUTE	0=NO	
1=USED LESS THAN 5 TIMES	1=1 TO 4 MINUTES	1=YES	
2=USED 5 TO 20 TIMES	2=5 TO 10 MINUTES		
3=USED 21 TO 50 TIMES	3=11 TO 20 MINUTES		
4=USED 51 TO 100 TIMES	4=21 TO 30 MINUTES		
5=USED MORE THAN 100 TIMES	5=31 TO 60 MINUTES		
	6=1 TO 2 HOURS		
	7=MORE THAN 2 HOURS		

Part II A
LIST OF TASKS

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 01
OF RESPONSE BOOKLET

- 1 RECEIVE PATIENTS ON ARRIVAL, I.E. INTRODUCE SELF, OBTAIN PATIENT'S NAME
- 2 ORIENT PATIENT/FAMILY TO FACILITY, E.G. ROUTINES, REGULATIONS, PHYSICAL LAYOUT, PERSONNEL
- 3 ACCOMPANY PATIENT TO OTHER DEPARTMENTS/CLINICS
- 4 INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS
- 5 REMOVE/SECURE/RETURN PATIENTS PERSONAL EFFECTS
- 6 VERIFY IDENTIFICATION OF PATIENT, E.G. FOR TREATMENT, MEDICATIONS, EXAMINATION
- 7 TAKE FINGERPRINTS, FOOTPRINTS
- 8 TRANSPORT NON AMBULATORY PATIENT TO OTHER DEPARTMENTS/CLINICS
- 9 LOAD/UNLOAD PATIENTS FROM STRETCHERS (GURNEY)
- 10 ASSIST PATIENTS IN/OUT OF BED, EXAM OR O.R. TABLES
- 11 ASSIST PATIENT TO STAND/WALK/DANGLE
- 12 STAND BY DURING EXAMINATION OF FEMALE PATIENTS
- 13 ASSIST PATIENT WITH BEDPANS/URINALS/COMMODOE CHAIRS
- 14 ACCOMPANY/ASSIST WHEELCHAIR PATIENTS TO RESTROOM
- 15 ADJUST SIDERAILS/HEIGHT OF BED FOR PATIENT COMFORT/SAFETY
- 16 WATCH/GUARD PATIENT WHO IS ON PRECAUTION, E.G. ESCAPE
- 17 POSITION PATIENT WHO HAS DIFFICULTY BREATHING
- 18 POSITION PATIENT WHO HAS SYMPTOMS OF SHOCK
- 19 PROTECT PATIENT FROM INJURY DURING CONVULSION
- 20 POSITION EXTREMITIES TO REDUCE SWELLING OR BLEEDING
- 21 MOVE/POSITION PATIENT WITH SUSPECTED FRACTURES OF EXTREMITIES
- 22 MOVE/POSITION PATIENT WITH SUSPECTED SPINAL FRACTURES OR CORD INJURIES
- 23 MOVE/POSITION PATIENT WITH HEAD INJURIES
- 24 MOVE/POSITION PATIENT WITH SUSPECTED INTERNAL INJURIES
- 25 MOVE/POSITION COMATOSE/ANESTHETIZED PATIENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 01 OF RESPONSE BOOKLET
26	MAKE OCCUPIED BED
27	POSITION PATIENT FOR MEALS
28	TURN PATIENT ON STRYKER FRAME
29	TURN PATIENT ON CIRCULOELECTRIC BED
30	POSITION PATIENT IN BODY ALIGNMENT
31	STIMULATE/AROUSE PATIENT AFTER ANESTHESIA
32	CLEAN AND CLOTHE PATIENTS AFTER SURGERY/TREATMENT/EXAMINATION
33	ASSIST PATIENT IN PUTTING ON CLOTHES
34	GIVE BACK RUB TO PATIENTS
35	GIVE SPONGE BATH TO REDUCE FEVER
36	GIVE BED BATH TO PATIENTS
37	ASSIST PATIENT WITH TUB, SITZ BATH, OR SHOWER
38	GIVE OR HELP PATIENT WITH ORAL HYGIENE, F.G. PUSH TEETH, CLEAN DENTURES, MOUTHWASH
39	GROOM PATIENT, E.G. SHAMPOO/COMB HAIR, GIVE TOENAIL, FINGERNAIL CARE, SHAVE BEARD
40	ISSUE HOSPITAL COMFORTS TO PATIENTS, F.G. KLEENEX, SOAP, TOOTHPASTE, RED CROSS SUPPLIES
41	CHANGE PATIENT'S SOILED LINEN AND CLOTHING
42	APPLY BINDERS, F.G. T, SCULTETUS, BREAST
43	SETTLE PATIENT FOR REST PERIOD/NIGHT
44	ENSURE PATIENTS OBSERVE QUIET HOURS
45	READ TO PATIENT
46	DELIVER SUPPLIES FOR PATIENT'S ENTERTAINMENT OR RECREATION, F.G. RADIO, TV, GAMES
47	WRITE LETTERS, MESSAGES FOR PATIENT
48	PERFORM ERRANDS FOR PATIENTS, F.G. MAKE PHONE CALLS, GO TO STORE
49	ADMINISTER BAPTISM
50	ASSIST PATIENT IN RELIGIOUS RITES, E.G. PRAYING, READING SCRIPTURES

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 02 OF RESPONSE BOOKLET
1	MOVE PATIENT INTO/OUT OF ISOLATION
2	TAKE PATIENTS CONFINED TO BED OR WHEELCHAIR OUTDOORS
3	ACCOMPANY AMBULANCE ON CALLS
4	LOAD/UNLOAD PATIENT FROM AMBULANCE
5	GIVE POST MORTEM CARE
6	TRANSPORT THE BODY COMPLETE WITH DOCUMENTS TO THE MORGUE
7	EXPLAIN ISOLATION PROCEDURES TO PATIENT/FAMILY
8	EXPLAIN TO PATIENT/FAMILY POST-OP PROCEDURES/CARE FOR RADICAL SURGERY
9	GIVE CAPE TO PATIENT IN REVERSE ISOLATION
10	GIVE CARE/INSTRUCTION TO PATIENT WHO CANNOT SPEAK OR UNDERSTAND ENGLISH
11	CONDUCT GAME ACTIVITIES FOR HOSPITALIZED PATIENTS
12	REVIEW WITH PATIENT PRINTED INSTRUCTIONS FOR EXAMINATION/THERAPY PROCEDURES
13	INFORM PATIENT OF PROCEDURES REQUIRED PRIOR TO/DURING EXAMINATION/TEST/TREATMENT
14	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING EXAMINATION/TEST/TREATMENT PROCEDURES
15	ASCERTAIN IF PATIENT HAS BEEN PREPPED FOR TEST/TREATMENT PROCEDURE
16	ASK PATIENT/CHECK CHART FOR CONTRAINDICATION FOR TREATMENT, PROCEDURE, TEST
17	REASSURE/CALM APPREHENSIVE (ANXIOUS) PATIENT
18	EXPLAIN/ANSWER QUESTIONS ABOUT DOCTOR'S INSTRUCTIONS TO PATIENT/FAMILY
19	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING SYMPTOMS/DISEASE/TREATMENT
20	EXPLAIN PHYSIOLOGICAL BASIS FOR THERAPY/TREATMENT TO PATIENT/FAMILY
21	EXPLAIN LUMBAR PUNCTURE PROCEDURES TO PATIENT
22	EXPLAIN STERNAL PUNCTURE PROCEDURES TO PATIENT
23	EXPLAIN PARACENTESIS PROCEDURE TO PATIENT
24	EXPLAIN THORACENTESIS PROCEDURES TO PATIENT
25	EXPLAIN MAJOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 02 OF RESPONSE BOOKLET
26	EXPLAIN MINOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY
27	WRITE STANDARD INSTRUCTIONS FOR PATIENT CONCERNING EXAMINATIONS/THERAPY OR PROCEDURES
28	GIVE PHISOMEX/BETADINE SCRUB TO PATIENTS
29	SHAVE AND SCRUB PATIENT FOR SURGERY OR DELIVERY OR TREATMENT OR EXAMINATION
30	PREPARE SKIN SITE WITH ANTISEPTIC SOLUTION PRIOR TO INCISION/SUTURING/TREATMENT OR EXAMINATION
31	DRAPE/GOWN PATIENT FOR EXAMINATION/TREATMENT
32	HELP PATIENT TO RINSE, EXPECTORATE DURING DENTAL PROCEDURE
33	DRAPE/UNDRAPE PATIENT FOR SURGERY
34	POSITION/HOLD PATIENT FOR EXAMINATION, TREATMENT, SURGERY
35	RESTRAIN PATIENTS, E.G. LINEN-LEATHER STRAPS, POSIE BELT, BLANKET WRAPS
36	RESTRAIN/CONTROL PATIENT VERBALLY
37	GROUND PATIENT, E.G. FOR ELECTRICAL CAUTERIZATION, DEFIBRILLATION, EKG
38	OBTAIN PRELIMINARY MEDICAL HISTORY, I.E. PAST/PRESENT COMPLAINTS, ALLERGIES, MEDICATIONS
39	OBTAIN PATIENT'S SOCIAL AND FAMILY HISTORY
40	OBSERVE/RECORD PATIENT'S PHYSICAL/EMOTIONAL RESPONSE TO TREATMENT/DIAGNOSTIC PROCEDURES
41	OBSERVE/REPORT SYMPTOMS OF SIDE EFFECTS TO TREATMENT/MEDICATION
42	TAKE BLOOD PRESSURE
43	CHECK RADIAL (WRIST) PULSE
44	OBSERVE FOR/REPORT CHARACTERISTICS OF COUGH
45	CHECK/COUNT RESPIRATIONS
46	OBSERVE PATIENT FOR/REPORT AND DESCRIBE ABNORMAL RESPIRATIONS
47	CHECK PATIENT'S TEMPERATURE
48	PALPATE NECK FOR MASSES/NODES
49	PALPATE CHEST FOR MASSES/NODES
50	MEASURE/WEIGH PATIENT OR PERSONNEL

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 03
OF RESPONSE BOOKLET

- 1 TAKE RENAL WEIGHTS, I.E. WEIGH BED PATIENT
- 2 CHECK PATIENT FOR PROSTHESIS, E.G. EYE/TEETH/EXTREMITY
- 3 ASSESS PATIENT'S TOLERANCE OF EXERCISE OR ACTIVITY
- 4 OBSERVE PATIENT FOR SIGNS OF CHILLING
- 5 OBSERVE FOR/REPORT PATIENT'S LEVEL OF PHYSICAL ACTIVITY, E.G. LETHARGY, HYPERACTIVITY
- 6 EVALUATE PATIENT'S COMPLAINTS OR SYMPTOMS OF PAIN
- 7 MEASURE CONTENTS OF DRAINAGE CONTAINER, E.G. BAGS, BOTTLES, BASINS, URINALS
- 8 CONNECT DRAINAGE TUBE TO DRAINAGE EQUIPMENT, E.G. BAG, BOTTLE, MACHINE
- 9 MAINTAIN DRAINAGE SYSTEM, I.E. SECURE, POSITION, MILK DRAINAGE TUBES
- 10 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF URINE OR FECES OR VOMITUS OR REGURGITATION
- 11 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INTERNAL BODY ORGANS
- 12 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INCISIONS/WOUNDS
- 13 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF SPUTUM, MUCUS
- 14 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM EYES/EARS
- 15 CHECK/OBSERVE ELIMINATION PATTERNS, E.G. FREQUENCY, URGENCY, INCONTINENCE
- 16 MAKE PATIENT ROUNDS OF WARDS/SECTION/UNIT/HOSPITAL
- 17 MAKE PATIENT ROUNDS/SICK CALL WITH DOCTOR
- 18 REVIEW DOCTOR'S ORDERS AND INSTRUCTIONS WITH DOCTOR
- 19 MAKE SUGGESTION REGARDING NEED FOR DIAGNOSTIC TESTS
- 20 MAKE SUGGESTION REGARDING PATIENT CARE, E.G. NEED OF MEDICATION, TREATMENT
- 21 GIVE REPORT ON CHANGES/SPECIAL CARE/TREATMENT/TESTS FOR PATIENT
- 22 CONFER WITH CORPSMAN TO DISCUSS PATIENT TREATMENT/PROGRESS/ PROBLEM
- 23 CARRY OUT DOCTOR'S VERBAL ORDERS
- 24 DETERMINE PATIENT CARE ASSIGNMENT FOR INDIVIDUAL STAFF MEMBER
- 25 DETERMINE PRIORITIES FOR TREATMENT OF PATIENTS

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 03 OF RESPONSE BOOKLET
26	NOTIFY MEDICAL PERSONNEL OF TREATMENT NEEDS FOR PATIENT
27	GIVE TRANSFER REPORT TO WARD OR RECEIVING UNIT ON PATIENT'S CONDITION, TREATMENT AND CARE PLAN
28	GIVE/RECEIVE VERBAL REPORTS ABOUT PATIENT
29	WRITE NURSING NOTES
30	MAKE ENTRIES ON STD FORM 500 (CHRONOLOGICAL RECORD OF MEDICAL CARE)
31	WRITE ORDERS IN PATIENT'S CHART FOR DOCTOR'S COUNTERSIGNATURE
32	ARRANGE ROOM/UNIT FOR INDIVIDUAL PATIENT NEEDS, E.G. BLIND/ BEDRIDDEN/POST-OP PATIENT
33	RECOMMEND PATIENT'S TRANSFER ACCORDING TO NEED/READINESS, E.G. FROM R.R., TO DELIVERY ROOM
34	DETERMINE PATIENT BED LOCATION WITHIN WARD/UNIT
35	DETERMINE NEED FOR EMERGENCY EQUIPMENT/MEDICATION FOR POSSIBLE PATIENT USE
36	ASSESS COMPLETENESS OF LABORATORY REPORTS
37	VERIFY COMPLETENESS OF DOCTOR'S ORDERS, E.G. FOR ALL ROUTINE ADMISSION OR PRE-OP ORDERS
38	VERIFY/UPDATE PATIENT'S DIAGNOSIS IN RECORD/CARDEX
39	VERIFY THAT DOCTOR'S ORDERS ARE UP-TO-DATE, E.G. TREATMENT, MEDICATION, DIET
40	OBTAIN CLARIFICATION OF CONFLICTING DOCTOR'S ORDERS
41	INFORM DOCTOR OF ANY CONTRAINDICATIONS TO STUDY
42	ENSURE THAT DOCTOR'S ORDERS ARE CARRIED OUT
43	DETERMINE NEED TO NOTIFY DOCTOR/NURSE OF PATIENT'S CONDITION
44	CONSULT DOCTOR OR NURSE TO OBTAIN INFORMATION/ADVICE ON PATIENT CARE
45	INFORM DOCTOR/NURSE OF PATIENT'S CONDITION, E.G. DESCRIPTION OF INJURY, SYMPTOMS, RESPONSE
46	COLLECT UNORDERED SPECIMENS FOR NURSE/DOCTOR TO EVALUATE
47	DETERMINE NEED TO CHECK VITAL SIGNS MORE OFTEN/LESS OFTEN THAN ORDERED BY DOCTOR
48	MODIFY/CHANGE PATIENT TREATMENT PLAN
49	MODIFY PATIENT CARE ACCORDING TO PATIENT'S RESPONSE/NEED, E.G. PHYSICAL ACTIVITY
50	PLAN/MODIFY DIAGNOSTIC PROCEDURES ACCORDING TO PATIENT'S RESPONSE/NEED

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 04 OF RESPONSE BOOKLET
1	SCREEN PATIENT VIA TELEPHONE TO DETERMINE NEED FOR MEDICAL ATTENTION
2	COUNSEL PATIENT/FAMILY ON WHEN AND WHERE TO SEEK MEDICAL CARE
3	EXPLAIN/ANSWER QUESTIONS ABOUT TREATMENT PROCEDURE VIA TELEPHONE
4	SCREEN PATIENT ON ARRIVAL TO DETERMINE WHICH STAFF MEMBER PATIENT SHOULD SEE
5	SCREEN AND ISOLATE PATIENTS WITH SUSPECTED COMMUNICABLE DISEASE
6	REFER PATIENT TO NURSE FOR TREATMENT
7	REFER PATIENT TO DOCTOR FOR TREATMENT
8	INITIATE AND ORDER DIAGNOSTIC TEST
9	REVIEW TEST/EXAMINATION/CONSULTATION REPORTS FOR ABNORMAL (POSITIVE) FINDINGS
10	INITIATE TREATMENT PROCEDURES IN THE ABSENCE OF A DOCTOR
11	DETERMINE METHOD OF MOVING/TRANSPORTING PATIENT
12	GIVE EMERGENCY TREATMENT/FIRST AID FOR GUNSHOT WOUND
13	GIVE EMERGENCY TREATMENT/FIRST AID FOR LACERATION
14	GIVE EMERGENCY TREATMENT/FIRST AID FOR SYNCOPE (FAINTING)
15	GIVE EMERGENCY TREATMENT/FIRST AID FOR PSYCHIATRIC CRISIS/EPISODE
16	GIVE EMERGENCY TREATMENT/FIRST AID FOR SPRAIN/STRAIN/TORN LIGAMENT
17	GIVE EMERGENCY TREATMENT/FIRST AID FOR CARDIAC ARREST
18	GIVE EMERGENCY TREATMENT/FIRST AID FOR RESPIRATORY ARREST (140039)
19	GIVE EMERGENCY TREATMENT/FIRST AID FOR RESPIRATORY IMPAIRMENT
20	GIVE EMERGENCY TREATMENT/FIRST AID FOR SHOCK
21	GIVE EMERGENCY TREATMENT/FIRST AID FOR CONVULSION
22	GIVE EMERGENCY TREATMENT/FIRST AID FOR EXTERNAL HEMORRHAGE
23	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL HEMORRHAGE
24	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL INJURIES
25	GIVE EMERGENCY TREATMENT/FIRST AID FOR ABDOMINAL EVISCERATION

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 04 OF RESPONSE BOOKLET
26	GIVE EMERGENCY TREATMENT/FIRST AID FOR HEMO/PNEUMOTHORAX
27	GIVE EMERGENCY TREATMENT/FIRST AID FOR INSULIN SHOCK
28	GIVE EMERGENCY TREATMENT/FIRST AID FOR ANAPHYLACTIC REACTION
29	GIVE EMERGENCY TREATMENT/FIRST AID FOR SEVERE DRUG REACTION
30	GIVE EMERGENCY TREATMENT/FIRST AID FOR DRUG/CHEMICAL INGESTION/ POISONING
31	GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAD INJURY
32	GIVE EMERGENCY TREATMENT/FIRST AID FOR SPINAL CORD INJURY
33	GIVE EMERGENCY TREATMENT/FIRST AID FOR THERMAL BURN
34	GIVE EMERGENCY TREATMENT/FIRST AID FOR ELECTRICAL BURN
35	GIVE EMERGENCY TREATMENT/FIRST AID FOR ANIMAL BITE
36	GIVE EMERGENCY TREATMENT/FIRST AID FOR INSECT BITE
37	GIVE EMERGENCY TREATMENT/FIRST AID FOR COLD INJURY, E.G., FROST BITE
38	GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT STROKE
39	GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT EXHAUSTION
40	GIVE EMERGENCY TREATMENT/FIRST AID FOR SMOKE INHALATION
41	PRESCRIBE SYMPTOMATIC TREATMENT FOR COLDS
42	PRESCRIBE SYMPTOMATIC TREATMENT FOR FLU
43	PRESCRIBE SYMPTOMATIC TREATMENT FOR SKIN RASHES
44	PRESCRIBE SYMPTOMATIC TREATMENT FOR DIARRHEA
45	PRESCRIBE SYMPTOMATIC TREATMENT FOR NAUSEA AND VOMITING
46	PRESCRIBE SYMPTOMATIC TREATMENT FOR ALLERGIC REACTIONS
47	PRESCRIBE SYMPTOMATIC TREATMENT FOR SORE THROATS
48	PRESCRIBE SYMPTOMATIC TREATMENT FOR HANGOVERS
49	PRESCRIBE TRANQUILIZERS
50	PRESCRIBE ANTIBIOTICS

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 05
OF RESPONSE BOOKLET

- 1 PRESCRIBE ANTIHISTAMINES
- 2 PRESCRIBE CORTICOSTEROID OINTMENTS
- 3 PRESCRIBE ANTIEMETICS
- 4 PRESCRIBE LOZENGES, THROAT GARGLES, EXPECTORANTS
- 5 PRESCRIBE ANALGESICS
- 6 CHECK PRESCRIBED MEDICATIONS FOR INCOMPATIBILITIES OF ADMINISTRATION OR MIXING
- 7 CHECK ORDERED MEDICATIONS FOR OVER DOSAGE AND CONTRAINDICATIONS
- 8 CHECK ORDERED MEDICATION AGAINST LIST OF RECALLED (UNSAFE) DRUGS
- 9 NOTIFY DOCTOR OF ERRORS IN MEDICATION ORDERS
- 10 CONVERT MEDICATION DOSAGE FROM CC TO MINIMS, GRAINS TO GRAM
- 11 CONVERT COMMON WEIGHTS AND MEASURES FROM ONE SYSTEM TO ANOTHER, E.G. CC TO TSP, LBS TO KG
- 12 CONVERT PRESCRIBED DOSE INTO UNITS OF ADMINISTRATION, E.G. NUMBER OF CC, TABLETS
- 13 CALCULATE DOSAGE OF DIAGNOSTIC PHARMACEUTICAL, E.G. BSP DYE
- 14 CALCULATE MILLIEQUIVALENTS/MILLIMOLES
- 15 DETERMINE SIMILARITIES BETWEEN PHARMACEUTICAL TRADE NAMES AND GENERIC NAMES
- 16 ADD MEDICATION TO AND LABEL I.V. SOLUTIONS
- 17 CALCULATE RATE OF I.V. FLOW, E.G. DROPS PER MINUTE
- 18 INITIATE INTRAVENOUS THERAPY
- 19 CHECK/CORRECT CALCULATIONS PERFORMED BY OTHER TECHNICIANS
- 20 DILUTE OR MIX POWDERED MEDICATIONS
- 21 LABEL MULTIPLE DOSE VIALS WITH DATE AND CONCENTRATION
- 22 COMPILE NOMINAL LISTS FOR PERSONNEL IMMUNIZATION
- 23 PREPARE VACCINES FOR USE
- 24 DETERMINE IMMUNIZATIONS REQUIRED FOR OVERSEAS TRAVEL
- 25 DETERMINE SEQUENCE OF ADMINISTRATION OF MULTIPLE IMMUNIZATIONS

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 05
OF RESPONSE BOOKLET

- 26 MIX BLADDER IRRIGATION SOLUTION
- 27 INTERPRET FORMULA/DIRECTIONS FOR COMPOUNDING PHARMACEUTICALS
- 28 WEIGH/MEASURE CHEMICALS
- 29 PREPARE/MIX DESENSITIZATION SERA FROM COMMERCIAL PREPARATIONS
- 30 POUR/DRAW UP MEDICATIONS OTHER THAN NARCOTICS AND CONTROLLED DRUGS
- 31 POUR/DRAW UP NARCOTICS AND CONTROLLED DRUGS
- 32 PREPARE LOCAL ANESTHETIC SOLUTIONS FOR USE
- 33 REVIEW PROTHROMBIN TIME/CLOTTING TIME PRIOR TO ADMINISTRATION OF ANTICOAGULANT
- 34 REVIEW BLOOD SUGAR/FRACTIONAL URINE TESTS PRIOR TO ADMINISTRATION OF INSULIN
- 35 DETERMINE WHEN TO GIVE P.R.N. CARDIOVASCULAR MEDICATION, E.G. XYLOCAINE
- 36 DETERMINE WHEN TO GIVE P.R.N. MEDICATION, E.G. PAIN, SEDATIVE, LAXATIVE
- 37 OBSERVE FOR/REPORT SYMPTOMS OF DRUG DEPENDENCY, E.G. FREQUENT REQUEST FOR PAIN MEDICATION
- 38 ASSESS PATIENT'S RESPONSE TO MEDICATION THERAPY
- 39 WRITE PRESCRIPTION RENEWALS FOR DOCTOR'S SIGNATURE
- 40 COMPILE LIST OF MEDICATION ORDERS REQUIRING DOCTOR'S RENEWAL
- 41 ISSUE NON-PRESCRIPTION MEDICATIONS E.G. ASPIRIN
- 42 ISSUE PRESCRIBED MEDICATIONS TO PATIENTS ON LIBERTY/LEAVE
- 43 FILL PATIENT PRESCRIPTIONS
- 44 FILL NARCOTICS PRESCRIPTION
- 45 TRANSLATE/TRANSFER/TYPF PRESCRIPTION INFORMATION ON LABEL
- 46 CONFER WITH PRESCRIBING DOCTOR ON QUESTIONS CONCERNING PRESCRIPTIONS
- 47 PREPARE REFERENCE DRUG LISTS, E.G. QUANTITY LIMITED, PREPAK QUANTITY
- 48 ANSWER INQUIRIES REGARDING DRUG REACTION
- 49 COORDINATE DOCTORS REQUESTS FOR DRUG TRAVEL KITS
- 50 READ/USE PHARMACEUTICAL MANUALS, FORMULARY, PDR

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 06
OF RESPONSE BOOKLET

- 1 ANSWER PERSONNEL INQUIRIES REGARDING MIXING/ADMINISTERING DRUGS
- 2 ADMINISTER OPAL MEDICATION
- 3 ADMINISTER SUBLINGUAL/BUCCAL MEDICATION
- 4 APPLY TOPICAL SKIN/LIP MEDICATION, E.G. OINTMENT, POWDER
- 5 APPLY TOPICAL MEDICATION TO MUCOSAL TISSUE, E.G. ORAL, EYE, STOMA
- 6 ADMINISTER MEDICATION TO EYE/EAR/NOSE
- 7 ADMINISTER INTRADERMAL INJECTION
- 8 ADMINISTER MEDICATION BY INTRAMUSCULAR INJECTION
- 9 ADMINISTER MEDICATION BY SUBCUTANEOUS INJECTION
- 10 INSERT RECTAL SUPPOSITORY OR MEDICATION
- 11 INSERT VAGINAL SUPPOSITORY
- 12 INSTILL MEDICATION INTO TUBE, MACHINE, E.G. TRACHEOTOME, CATHETERS, I.P.P.B. MACHINE
- 13 GIVE MEDICATED BATH
- 14 ADMINISTER INNOCULATIONS AND VACCINATIONS
- 15 ADMINISTER NARCOTICS
- 16 ADMINISTER CONTROLLED DRUGS
- 17 OBSERVE FOR/REPORT SYMPTOMS OF INSULIN REACTION
- 18 EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT MEDICATIONS, E.G. PURPOSE, DOSE, SCHEDULE
- 19 TEACH PATIENT/FAMILY SIDE EFFECTS OF MEDICATION, E.G. DROWSINESS, URINE DISCOLORATION
- 20 INFORM PATIENT/FAMILY OF SYMPTOMS OF INTOLERANCE/OVERDOSE TO MEDICATION, E.G. BLEEDING GUMS, COMA
- 21 TEACH PATIENT MEDICATION STORAGE REQUIREMENTS, E.G. REFRIGERATION, EXPIRATION DATE
- 22 TEACH PATIENT SELF-ADMINISTRATION OF MEDICATIONS (OTHER THAN INJECTIONS)
- 23 TEACH PATIENT/FAMILY ADMINISTRATION OF INJECTIONS
- 24 ANSWER PATIENT INQUIRIES REGARDING NONPRESCRIPTION DRUGS
- 25 ADMINISTER I.V. MEDICATION DIRECTLY INTO VEIN

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 06 OF RESPONSE BOOKLET
26	ADMINISTER MEDICATION BY INJECTION INTO IV TUBING
27	ADMINISTER I.V. MEDICATION VIA SOLUSET, PIGGY BACK, OR I.V. BOTTLE
28	START I.V. THERAPY VIA NEEDLE/SCALP VEIN/BUTTERFLY
29	START I.V. THERAPY VIA MEDICUT (ANGIOCATH, JELCO)
30	START I.V. THERAPY VIA INTRACATH
31	PERFORM INTRAVENOUS CUTDOWN
32	START/HANG BLOOD TRANSFUSION
33	REGULATE BLOOD TRANSFUSION FLOW
34	ADMINISTER BLOOD EXPANDER OTHER THAN BLOOD, E.G. PLASMA, ALBUMIN
35	ADMINISTER I.V. DOSE OF NON RADIOACTIVE TEST MATERIAL, E.G. BSP DYE, RADIOPAQUE DYE
36	ADD/CHANGE I.V. BOTTLE DURING CONTINUOUS INFUSION
37	MONITOR/REGULATE INTRAVENOUS SOLUTION FLOW RATE
38	REGULATE I.V. FLOW/DRIP ACCORDING TO CHANGES IN VITAL SIGNS, MONITOR READINGS, URINARY OUTPUT
39	IRRIGATE I.V. TUBING
40	DISCONTINUE I.V. THERAPY
41	CHECK I.V. SITE FOR INFILTRATION, PHLEBITIS, CELLULITIS
42	GIVE TUBERCULIN MANTOUX TEST
43	GIVE TUBERCULIN TINE TEST
44	GIVE TUBERCULIN PPD TEST
45	READ TUBERCULIN TEST REACTION
46	TEST FOR ALLERGIC RESPONSE TO A SPECIFIC AGENT, E.G. DYE/DRUG
47	GIVE HISTOPLASMOSIS/COCCIDIOMYCOSIS SKIN TEST
48	PERFORM ALLERGY SKIN TESTS
49	PERFORM PATCH TESTS
50	READ ALLERGY TEST REACTION

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 07 OF RESPONSE BOOKLET
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| 1 | DESENSITIZE PATIENT WITH ALLERGY |
| 2 | CHECK SKIN FOR ABNORMAL CONDITIONS, E.G. PRESSURE SORES, ABRUISES, NEEDLE MARKS |
| 3 | CHECK SKIN TURGOR (ELASTICITY) |
| 4 | CHECK FOR EDEMA (SWELLING) OF EXTREMITIES, EYES |
| 5 | CHECK COLOR OF SKIN, E.G. CYANOSIS, BLANCHING, JAUNDICE, MOTTLING |
| 6 | CHECK TEXTURE OF SKIN, E.G. DRY, OILY, SCALY |
| 7 | CHECK TEMPERATURE OF SKIN |
| 8 | CHECK PATIENT FOR SWEATING/DIAPHORESIS |
| 9 | CHECK SKIN FOR AIR IN TISSUE (CREPITUS) |
| 10 | OBSERVE FOR/REPORT SYMPTOMS OF CELLULITIS |
| 11 | GIVE ULTRAVIOLET TREATMENT |
| 12 | GIVE HEAT TREATMENT, E.G. HYDROCOLLATOR/K PACK, HEAT LAMP |
| 13 | GIVE ICE PACK TREATMENT |
| 14 | GIVE INFRARED TREATMENT |
| 15 | GIVE MASSAGE FOR RELAXATION (SEDATIVE MASSAGE) |
| 16 | GIVE MASSAGE TO REDUCE EDEMA |
| 17 | GIVE MASSAGE TO STIMULATE CIRCULATION/INCREASE HEALING PROCESS |
| 18 | GIVE MASSAGE TO REDUCE MUSCLE SPASM |
| 19 | GIVE SPECIAL SKIN/DECUBITUS CARE, E.G. APPLY MEDICATION, DRESSINGS, IRRIGATE |
| 20 | GIVE CARE TO SKIN GRAFT DONOR SITE, E.G. AIR, GIVE HEAT TREATMENT |
| 21 | GIVE CARE TO BURN PATIENT, E.G. TURN, DRESSING CHANGE, FORCE FLUIDS |
| 22 | APPLY/CHANGE DRESSINGS TO CLOSED AMPUTATED STUMP |
| 23 | APPLY/CHANGE DRESSINGS TO OPEN AMPUTATED STUMP |
| 24 | WRAP STUMP FOR SHAPE/SHRINKAGE |
| 25 | TEACH PATIENT TO TOUGHEN AND MATURE STUMP, E.G. TAPOTEMENT |

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 07 OF RESPONSE BOOKLET
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| 26 | TEACH STUMP HYGIENE |
| 27 | TEACH PATIENT TO WRAP STUMP |
| 28 | CHECK DRESSINGS, E.G. FOR CLEANLINESS |
| 29 | CLEAN WOUND, CUT, ABRASION |
| 30 | APPLY/CHANGE STERILE DRESSINGS |
| 31 | APPLY/CHANGE ABDOMINAL DRESSINGS |
| 32 | APPLY/CHANGE HEAD/NECK DRESSINGS |
| 33 | APPLY/CHANGE PEDICLE SKIN GRAFT DRESSINGS |
| 34 | APPLY/CHANGE SKIN GRAFT DRESSINGS |
| 35 | REMOVE SUTURES |
| 36 | REMOVE/SHORTEN DRAIN |
| 37 | APPLY/CHANGE BANDAGES, E.G. ROLLER, TRIANGULAR, KURLEX |
| 38 | IRRIGATE WOUND |
| 39 | PACK ANAL/PILONIDIAL FISSURE |
| 40 | PACK INCISION/WOUND/CAVITY |
| 41 | CHECK/EXAMINE INCISIONS/WOUNDS FOR PROGRESS OF HEALING |
| 42 | OBSERVE FOR/REPORT SYMPTOMS OF WOUND INFECTION |
| 43 | APPLY WET COMPRESSES/SOAKS/PACKS |
| 44 | REINFORCE DRESSINGS, I.E. ADD DRESSINGS |
| 45 | CONTROL BLEEDING BY APPLYING TOURNIQUETS |
| 46 | CONTROL BLEEDING BY APPLYING DIGITAL PRESSURE ON BLOOD VESSEL |
| 47 | CONTROL MINOR BLEEDING, E.G. AFTER EXTRACTION OR INCISION |
| 48 | CONTROL BLEEDING BY PRESSURE DRESSING |
| 49 | EXAMINE FOR PRESENCE OF/OR CONTACT WITH LICE, FLEAS, TICKS, LEACHES |
| 50 | EXAMINE ANIMAL OR HUMAN BITES |

LEFT PAGE OR GENERAL CORPSMAN TASK BOOKLET

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE OR
OF RESPONSE BOOKLET

- 1 EXAMINE FOR SYMPTOMS OF SNAKE BITES
- 2 EXAMINE AND DESCRIBE BURNS, I. E. SOURCE, AREA, DEGREE
- 3 EXAMINE FOR ENTRY AND EXIT AREA OF SHRAPNEL OR BULLETS
- 4 EXAMINE FOR SYMPTOMS OF EXTERNAL FUNGAL INFECTIONS, E.G. RINGWORM
- 5 EXAMINE FOR SYMPTOMS OF SEBORRHEIC DERMATITIS AND PSORIASIS
- 6 EXAMINE FOR SYMPTOMS OF CONTACT DERMITITIS
- 7 EXAMINE AND DESCRIBE CHARACTERISTICS OF HIVES, RASHES
- 8 EXAMINE FOR VIRAL INFECTIONS OF THE SKIN, E.G. WARTS
- 9 APPLY TOPICAL ANESTHESIA
- 10 ADMINISTER TISSUE INFILTRATION/LOCAL ANESTHESIA
- 11 ADMINISTER DIGITAL BLOCK ANESTHESIA
- 12 SUTURE SKIN
- 13 SUTURE SUBCUTANEOUS TISSUE
- 14 SUTURE MUCOSAL TISSUE
- 15 SUTURE FASCIA
- 16 SUTURE MUSCLE
- 17 SUTURE FACIAL LACERATIONS
- 18 INSERT DRAIN/WOUND CATHETER, E. G. PENROSE, RUBBER BAND
- 19 DEBRIDE WOUND/BURN
- 20 PERFORM SECONDARY CLOSURE OF WOUND, E.G. DEBRIDE, INSERT DRAIN, SUTURE
- 21 EXCISE SEBACEOUS CYST/LIPOMA
- 22 INCISE AND DRAIN SUPERFICIAL ABSCESS
- 23 EXTRACT SEBACEOUS MATERIAL FROM COMEDO
- 24 FREEZE WART WITH LIQUID NITROGEN
- 25 TREAT WART WITH CHEMICAL AGENT, E. G. TRICHLOROACETIC ACID

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09 OF RESPONSE BOOKLET
26	CAUTERIZE BLEEDERS WITH CHEMICAL, E.G. SILVER NITRATE STICK, PC-5R
27	MAKE INCISION FOR MINOR SURGERY
28	APPLY/CHANGE/ADJUST LEADS OR NEEDLE ELECTRODES, E.G. MONITOR, EKG, EEG
29	CHECK FEMORAL PULSE FOR PRESENCE AND QUALITY
30	CHECK PEDAL PULSE FOR PRESENCE AND QUALITY
31	DETERMINE APICAL PULSE RATE/RHYTHM WITH STETHESCOPE
32	CHECK CENTRAL VENOUS PRESSURE
33	OBSERVE FOR/REPORT SYMPTOMS OF HYPOTENSION/HYPERTENSION
34	AUSCULTATE HEART TO DETECT ABNORMAL SOUNDS, I.E. P.V.C., BRUIES, MURMURS
35	IDENTIFY AND DESCRIBE CARDIAC ARRHYTHMIAS WHICH APPEAR ON MONITOR AND/OR TRACING STRIP
36	IDENTIFY AND DESCRIBE GROSS ABNORMALITIES IN PACEMAKER PATTERN
37	ADJUST PACEMAKER, I.E. DECREASE/INCREASE RATE, CHANGE TO AUTOMATIC/DEMAND
38	PERFORM CIRCULATION CHECK, E.G. COLOR, PULSE, TEMPERATURE OF SKIN, CAPILLARY RETURN
39	TEACH VASCULAR EXERCISES, E.G. BUEGER-ALLEN
40	EXAMINE FOR SYMPTOMS OF INTERNAL HEMORRHAGE
41	OBSERVE FOR/REPORT SYMPTOMS OF EXTERNAL HEMORRHAGE
42	OBSERVE FOR/REPORT SYMPTOMS OF SHOCK
43	ESTIMATE/RECORD BLOOD LOSS FOLLOWING HEMORRHAGE
44	COLLECT, COUNT AND LAYOUT USED SPONGES FOR CALCULATING BLOOD LOSS AND FOR SPONGE COUNT
45	WEIGH USED SPONGES FOR CALCULATING BLOOD LOSS
46	COUNT VAGINAL PADS FOR ESTIMATING BLOOD LOSS
47	OBSERVE FOR/REPORT SYMPTOMS OF MALARIA
48	EXAMINE LEGS TO DETECT/RULE OUT CALF TENDERNESS/VARICOSE VEINS
49	TAKE ELECTROCARDIOGRAPH (EKG, ECG)
50	TAKE SPECIAL ELECTROCARDIOGRAPHS, E.G. V-7, V3R, V-9

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 09
OF RESPONSE BOOKLET

- 1 EXPLAIN ECG PROCEDURE TO PATIENT
- 2 READ ECG TRACING FOR TECHNICAL ADEQUACY
- 3 PERFORM TILT TEST FOR CIRCULATION
- 4 EVALUATE SYMPTOMS OF PATIENT COMPLAINING OF CHEST PAIN
- 5 EXAMINE FOR SYMPTOMS OF CONGESTIVE HEART FAILURE
- 6 OBSERVE FOR/REPORT SYMPTOMS OF CARDIAC ARREST
- 7 GIVE EXTERNAL CARDIAC MASSAGE
- 8 DETERMINE NEED TO DEFFIBRILLATE PATIENT
- 9 DEFFIBRILLATE PATIENT
- 10 ROTATE TOURNIQUETS
- 11 CHECK PATIENT'S AIRWAY FOR PATENCY/OBSTRUCTION
- 12 INSERT AIRWAY
- 13 SUCTION NASAL/ORAL PASSAGE
- 14 OBSERVE FOR/REPORT SYMPTOMS OF ASPIRATION
- 15 AUSCULTATE LUNGS TO DETECT ABNORMAL SOUNDS, I.E.
RALES, WHEEZE, RONCHI
- 16 RESUSCITATE PATIENT USING ARM LIFT OR HAND-BACK TECHNIQUE
- 17 RESUSCITATE PATIENT USING RESPIRATOR
- 18 RESUSCITATE PATIENT USING AMBU BAG
- 19 RESUSCITATE PATIENT USING MOUTH TO MOUTH TECHNIQUE
- 20 INSERT NEEDLE INTO TRACHEA TO MAINTAIN AIRWAY
- 21 PERFORM CRICOTHYROTOMY
- 22 PERFORM TRACHEOTOMY/TRACHEOSTOMY
- 23 INTUBATE PATIENT'S TRACHEA/LARYNX
- 24 SUCTION TRACHEA, I.E. DEEP ENDOTRACHEAL SUCTION
- 25 GIVE TRACHEOTOMY CARE, E.G. REMOVE AND CLEAN INNER CANNULA,
SUCTION, INFLATE/DEFLATE CUFF

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09 OF RESPONSE BOOKLET
26	CHANGE TRACHEOTOMY TUBE
27	IRRIGATE CHEST TUBE
28	GIVE OXYGEN THERAPY, I.E. CANNULA, CATHETER/MASK
29	GIVE OXYGEN THERAPY VIA TENT
30	GIVE I.P.P.B. TREATMENT
31	GIVE STEAM/MIST TREATMENT
32	GIVE CARBON DIOXIDE INHALATION THERAPY
33	TREAT PATIENT/PERSONNEL WHO HYPERVENTILATE, E.G. GIVE BREATHING INSTRUCTIONS, CARBON DIOXIDE
34	TEACH PATIENT TO COUGH AND DEEP BREATHE
35	PLACE PATIENT IN POSTURAL DRAINAGE POSITION
36	PERFORM CHEST VIBRATION AND CUPPING TREATMENT, I.E. CHEST PHYSIOTHERAPY
37	GIVE CARE TO PATIENT ON A RESPIRATOR, E.G. SUCTION, FEED, PLACE ON AND OFF MACHINE
38	TEACH BREATHING EXERCISES
39	EXPLAIN PROCEDURES FOR PULMONARY FUNCTION TESTS TO PATIENT
40	OBSERVE FOR/REPORT SYMPTOMS OF SINUS BLOCKAGE
41	OBSERVE FOR/REPORT SYMPTOMS OF HEAD COLDS
42	OBSERVE FOR/REPORT SYMPTOMS OF INFLUENZA
43	OBSERVE PATIENT'S EATING PATTERNS
44	OBSERVE PATIENT'S SLEEPING PATTERNS
45	OBSERVE PATIENT'S BEHAVIOR PATTERNS
46	OBSERVE PATIENT'S GENERAL MENTAL ATTITUDE
47	OBSERVE THE EFFECT OF VISITORS ON PATIENTS
48	OBSERVE PATIENT'S GENERAL APPEARANCE, E.G. DRESS, GROOMING
49	DETERMINE PATIENT'S PATTERN OF INTERACTION WITH OTHERS
50	OBSERVE FOR/REPORT OR DESCRIBE SYMPTOMS OF IRRITABILITY, RESTLESSNESS, APPREHENSION

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 10 OF RESPONSE BOOKLET
1	OBSERVE PATIENT'S GENERAL EMOTIONAL CONDITION, E.G. FACIAL AND EYE EXPRESSIONS, QUALITY OF VOICE
2	IDENTIFY PATIENT'S PSYCHOLOGICAL NEEDS AND/OR PROBLEMS, E.G. AFFECTION, RECOGNITION
3	OBSERVE FOR PATIENT'S NEED TO VENTILATE FEELINGS
4	IDENTIFY FACTORS THAT INFLUENCE PATIENT'S PSYCHOLOGICAL STATE
5	OBSERVE FOR/REPORT TENDENCIES TOWARD SUICIDAL BEHAVIOR
6	IDENTIFY/DESCRIBE MANIFESTATIONS OF LOSS OF CONTACT WITH REALITY, E.G. HALLUCINATIONS, DELUSIONS
7	OBSERVE FOR/REPORT SYMPTOMS OF DRUG ABUSE, E.G. ACID, SPEED
8	OBSERVE FOR/REPORT SYMPTOMS OF HANGOVERS
9	OBSERVE FOR/REPORT SYMPTOMS OF DELIRIUM TREMENS
10	INITIATE MEASURES TO PREVENT IMPENDING DELIRIUM TREMENS, E.G. FORCE FLUIDS
11	OBSERVE FOR/REPORT SYMPTOMS OF INEBRIATION (DRUNKENNESS)
12	OBSERVE FOR/REPORT SYMPTOMS OF DRUG/CHEMICAL INGESTION (POISONING)
13	ORIENT PATIENT TO TIME, PLACE, PERSON
14	EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT BEHAVIORAL CHANGES, E.G. DEPRESSION, MEMORY LOSS
15	CHECK PUPIL REACTION TO LIGHT
16	PERFORM NEUROLOGICAL (CRANIAL) CHECKS, E.G. PUPILS, VITAL SIGNS, PATIENT RESPONSE
17	OBSERVE PATIENT'S ORIENTATION TO TIME, PLACE, PERSON
18	OBSERVE/REPORT PATIENT'S LEVEL OF RESPONSIVENESS
19	OBSERVE PATIENT'S PHYSICAL MOVEMENT, E.G. MUSCULAR COORDINATION, POSTURE, BALANCE
20	OBSERVE PATIENT'S ABILITY TO RECEIVE OR EXPRESS SPOKEN, WRITTEN OR PRINTED COMMUNICATION
21	CHECK PATIENT'S RESPONSE TO PAINFUL STIMULUS AND TEMPERATURE
22	CHECK PATIENT'S RESPONSE TO TOUCH, PRESSURE, TEMPERATURE
23	CHECK PATIENT'S SENSORY RESPONSES TO TASTE, SMELL
24	OBSERVE/DESCRIBE OR REPORT CHARACTERISTICS OF CONVULSIONS/ SEIZURES
25	OBSERVE FOR/DESCRIBE OR REPORT CHARACTERISTICS OF TWITCHING, TREMORS, TICS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 10 OF RESPONSE BOOKLET
26	CHECK BABINSKI REFLEX
27	CHECK ELBOW/KNEE-JERK, I.E. BICEPS/PATELLAR REFLEX
28	CHECK SWALLOWING REFLEX
29	CHECK BLINK REFLEX
30	IDENTIFY AND DESCRIBE CHANGES IN SAW LINE ON EEG MONITOR
31	EXPLAIN EEG PROCEDURE TO PATIENT
32	INSTRUCT PATIENT ON PRE AND POST SPINAL ANESTHESIA PROCEDURES
33	EXPLAIN/ANSWER PATIENTS' QUESTIONS ABOUT BEHAVIOR, TREATMENT OF ANOTHER PATIENT
34	PREVENT OR STOP FIGHTS
35	RESTRAIN/CONTROL PATIENT PHYSICALLY, E.G. ARM HOLD
36	PROTECT SELF/OTHER PATIENTS/VISITORS FROM AGITATED PATIENT
37	DIRECT PATIENT TO OUTLETS FOR RELEASE OF TENSION OR AGGRESSION, E.G. SPORTS, OTHER PHYSICAL ACTIVITIES
38	ADMINISTER TREATMENT/MEDICATION TO COMBATIVE/UNCOOPERATIVE PATIENT
39	OBSERVE FOR REPORT OR DESCRIBE VISUAL DISTURBANCES, E.G. BLURRED, DOUBLE, MIRROR, TUNNEL
40	HOLD FOCAL OBJECT FOR STRABISMUS EXAMINATION
41	DO VISUAL ACUITY TEST USING SNELLEN CHART
42	DO COLOR VISION TEST
43	REMOVE FOREIGN BODY FROM CONJUNCTIVAL SAC
44	IRRIGATE EYES
45	PATCH EYES
46	INSTRUCT PATIENT ON CARE AND USE OF CONTACT LENSES
47	INSERT/REMOVE GLASS EYE/CONTACT LENSES
48	OBSERVE FOR/DESCRIBE HEARING DISTURBANCES, E.G. RINGING, HEARING LOSS
49	EXAMINE TYMPANIC MEMBRANE FOR REDNESS, SWELLING
50	EXAMINE TYMPANIC MEMBRANE FOR PERFORATION

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 11
OF RESPONSE BOOKLET

- 1 EXAMINE EAR FOR EXCESS WAX
- 2 REMOVE SUPERFICIAL MATERIAL FROM EAR CANAL
- 3 IRRIGATE EARS
- 4 INSERT ANTERIOR NASAL PACKING
- 5 GIVE THROAT IRRIGATION/GARGLE
- 6 REMOVE SUPERFICIAL FOREIGN BODY FROM THROAT
- 7 IRRIGATE MOUTH/ORAL CAVITY
- 8 DEVELOP COMMUNICATION TECHNIQUES FOR PATIENT WITH COMMUNICATION PROBLEM, E.G. CARDS
- 9 EXPLAIN AUDIOGRAM TEST PROCEDURES TO PATIENT
- 10 GIVE CARE TO PATIENT WITH HEARING/SPEECH/SIGHT LOSS
- 11 FORCE FLUID INTAKE
- 12 RECORD/TALLY FLUID INTAKE AND OUTPUT
- 13 REPORT CHANGES OR IMBALANCES IN INTAKE AND OUTPUT
- 14 CALCULATE/PLAN ORAL FLUID RESTRICTIONS
- 15 OBSERVE FOR/REPORT SYMPTOMS OF DEHYDRATION
- 16 FEED OR HELP PATIENTS IN EATING
- 17 ADMINISTER TUBE FEEDING, E.G. N.G., GASTROSTOMY
- 18 FEED INFANTS/CHILDREN
- 19 PASS NOURISHMENTS TO PATIENTS
- 20 HELP PATIENT SELECT FOOD FROM MENU
- 21 MODIFY/CHANGE PATIENT'S DIET IN ACCORD WITH PERSONAL FOOD PREFERENCES
- 22 EXPLAIN/ANSWER QUESTIONS ABOUT THERAPEUTIC DIETS TO PATIENT/FAMILY
- 23 EXAMINE MOUTH AND PHARYNX FOR LESIONS, SORES, LEUKOPLAKIA
- 24 OBSERVE FOR/REPORT SYMPTOMS OF CARIES, SIMPLE AND ADVANCED
- 25 OBSERVE FOR/REPORT SYMPTOMS OF PERIODONTAL ABSCESS

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 11
OF RESPONSE BOOKLET

- 26 OBSERVE FOR/REPORT SYMPTOMS OF DENTURE IRRITATION
- 27 OBSERVE FOR/REPORT SYMPTOMS OF INFECTION OF ORAL MUCOSA, E.G. THRUSH
- 28 APPLY PERIODONTAL PACKS
- 29 REDUCE DISLOCATED MANDIBLE
- 30 INSERT N.G./LEVINE TUBE
- 31 INSERT CANTOR, MILLER ABBOTT TUBE
- 32 ADVANCE CANTOR, MILLER ABBOTT TUBE OR STRING
- 33 LAVAGE STOMACH, I.E. IRRIGATE UNTIL CLEAR
- 34 IRRIGATE N.G., CANTOR, MILLER ABBOTT TUBES
- 35 IRRIGATE CECOSTOMY TUBE
- 36 IRRIGATE COLOSTOMY
- 37 GIVE CARE TO PATIENT WITH COLOSTOMY/ILEOSTOMY, E.G. APPLY DRESSING, SPECIAL APPLIANCE, DILATE STOMA
- 38 PERFORM COLONIC IRRIGATION
- 39 GIVE ENEMA
- 40 INSERT RECTAL TUBE
- 41 GIVE MEDICINAL/RETENTION ENEMA, E.G. BARIUM, OIL
- 42 REMOVE FECAL IMPACTION
- 43 PALPATE (FEEL) ABDOMEN FOR DISTENSION (HARDNESS/SOFTNESS)
- 44 AUSCULTATE ABDOMEN FOR BOWEL SOUNDS
- 45 OBSERVE FOR/REPORT SYMPTOMS OF DIARRHEA
- 46 OBSERVE FOR/REPORT SYMPTOMS OF FOOD POISONING
- 47 OBSERVE FOR/REPORT SYMPTOMS OF INTESTINAL WORMS
- 48 EXAMINE FOR/REPORT SYMPTOMS OF EXTERNAL HEMORRHOIDS
- 49 PERFORM BILIAPY DRAINAGE TEST
- 50 PERFORM PROCTOSCOPY

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 12
OF RESPONSE BOOKLET

- 1 PERFORM SECRETIN PANCREATIC FUNCTION TEST
- 2 PERFORM AUGMENTED HISTALOG GASTRIC ANALYSIS
- 3 PERFORM FRACTIONAL GASTRIC ANALYSIS
- 4 PERFORM NOCTURNAL GASTRIC ANALYSIS
- 5 PERFORM INSULIN STIMULATED GASTRIC ANALYSIS
- 6 INSERT EWALD TUBE
- 7 INSERT GASTRIC COOLING BALLOON
- 8 INSERT SENGSTAKEN-BLAKEMORE TUBE
- 9 PALPATE (FEEL) BLADDER FOR DISTENSION (FULLNESS)
- 10 STRAIN URINE
- 11 OBSERVE FOR/REPORT SYMPTOMS OF URINARY TRACT INFECTION
- 12 EXAMINE FOR SYMPTOMS OF VENEREAL DISEASE
- 13 ASSIST PATIENT TO VOID BY CREDES METHOD
- 14 CATHETERIZE THE URINARY BLADDER, MALE
- 15 CATHETERIZE THE URINARY BLADDER, FEMALE
- 16 CATHETERIZE URINARY BLADDER, CHILDREN
- 17 IRRIGATE BLADDER (FOLEY CATHETER)
- 18 GIVE FOLEY CARE, E.G. CLEAN MEATUS, CLAMP TUBE, USE LEG BAG
- 19 REMOVE FOLEY CATHETER
- 20 IRRIGATE URETEROSTOMY TUBE
- 21 IRRIGATE SUPRAPUBIC TUBE
- 22 MAINTAIN CONTINUOUS BLADDER IRRIGATION
- 23 PERFORM TIDAL DRAINAGE
- 24 OBSERVE FOR/REPORT DECREASED URINE OUTPUT OF PATIENTS
SUSCEPTIBLE TO RENAL SHUTDOWN
- 25 GIVE CARE TO PATIENT ON PERITONEAL DIALYSIS, E.G. MIX AND
ADMINISTER DIALYSATE SOLUTIONS, RESTRICT FLUIDS

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 12 OF RESPONSE BOOKLET
26	EVALUATE PATIENT'S INABILITY TO VOID
27	MEASURE MUSCLE GIRTH
28	MEASURE RANGE OF MOTION OF JOINTS
29	CHECK/OUTLINE AREA OF DRAINAGE ON CAST
30	OBSERVE/REPORT PATIENT'S MUSCLE TONE, E.G. RIGID, FLACCID, SPASTIC, SPASMS
31	PALPATE MUSCLES/TENDONS FOR CONTRACTION/CONTRACTURES
32	PALPATE COSTOVERTEBRAL ANGLE FOR DEFORMITIES/PAIN
33	PALPATE JOINTS FOR SWELLING, DEFORMITY, PAIN
34	OBSERVE FOR/REPORT SYMPTOMS/SIGNS OF SKELETAL DISLOCATION
35	EXAMINE FOR SIGNS OF SPRAINS
36	EXAMINE FOR SYMPTOMS OF FRACTURES
37	EXAMINE FOR EVIDENCE OF SPINAL CORD INJURIES
38	OBSERVE FOR/REPORT SYMPTOMS OF OSTEOMYELITIS
39	EXAMINE CHILD'S FEET FOR PIGEON TOE (TALIPES VARUS)
40	GIVE HYDROTHERAPY TO HELP PATIENT ACHIEVE RANGE OF MOTION
41	GIVE HYDROTHERAPY FOR 'WARM UP' PRIOR TO EXERCISE
42	GIVE HYDROTHERAPY TO INCREASE CIRCULATION
43	GIVE HYDROTHERAPY TO REDUCE INFECTIONS/CLEAN WOUNDS
44	ADJUST HYDROTHERAPY BATH ACCORDING TO PATIENT'S CONDITION, E.G. ADDITIVE, AGITATION, TEMPERATURE
45	TEACH ACTIVE RANGE OF MOTION EXERCISES
46	ASSIST PATIENT IN PERFORMING ACTIVE ASSISTIVE RANGE OF MOTION EXERCISES
47	GIVE PASSIVE STRETCH AGAINST CONTRACTURE
48	GIVE PASSIVE RANGE OF MOTION EXERCISES
49	GIVE FRICTION MASSAGE
50	INSTRUCT PATIENT HOW TO ACTIVELY STRETCH CONTRACTURE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 13 OF RESPONSE BOOKLET
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| 1 | INSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN HAND GRASP |
| 2 | INSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN FINGER DEXTERITY |
| 3 | TEACH PATIENT TO USE CANES |
| 4 | TEACH PATIENT TO USE AXILLARY CRUTCHES |
| 5 | TEACH PATIENT TO USE LOFSTRAND CRUTCHES |
| 6 | TEACH PATIENT TWO POINT CRUTCH GAIT |
| 7 | TEACH PATIENT FOUR POINT CRUTCH GAIT |
| 8 | TEACH PATIENT SWING TO OR SWING THROUGH GAIT |
| 9 | TEACH PATIENT WITH CRUTCHES TO ASCEND/DESCEND STAIRS AND RAMP |
| 10 | TEACH PATIENT THREE POINT CRUTCH GAIT |
| 11 | TEACH PATIENT/FAMILY TRANSFER TECHNIQUES, F.G. BED TO CHAIR, CHAIR TO COMMODE |
| 12 | DETERMINE TIME FOR APPLICATION/REMOVAL OF CAST |
| 13 | DETERMINE NEED TO TRIM OR BIVALVE CAST |
| 14 | APPLY RIB BFLT |
| 15 | TAPE ANKLE, WRIST, KNEE, CHEST FOR IMMOBILIZATION |
| 16 | APPLY/REMOVE SLING, E.G. ARM, LEG |
| 17 | APPLY/REMOVE SPLINT |
| 18 | APPLY/REMOVE PROSTHETIC APPLIANCE |
| 19 | APPLY/REMOVE BRACE |
| 20 | APPLY BODY PLASTER CAST (SPICA) |
| 21 | APPLY CERVICAL COLLAR PLASTER CAST |
| 22 | APPLY HIP SPICA PLASTER CAST |
| 23 | APPLY LONG LEG CYLINDER PLASTER CAST |
| 24 | APPLY LONG LEG PLASTER CAST OTHER THAN CYLINDER CAST |
| 25 | APPLY SHORT LEG PLASTER CAST |

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 13 OF RESPONSE BOOKLET
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| 26 | APPLY TRACTION SPLINTS |
| 27 | APPLY LONG ARM PLASTER CAST |
| 28 | APPLY VELDPAU PLASTER CAST |
| 29 | APPLY SHORT ARM PLASTER CAST |
| 30 | APPLY GAUNTLET/NAVICULAR PLASTER CAST |
| 31 | APPLY HAND PLASTER CAST |
| 32 | APPLY EXTENSION (HYPER) PLASTER JACKET |
| 33 | APPLY FLEXION PLASTER JACKET |
| 34 | APPLY CALOT PLASTER JACKET |
| 35 | APPLY PLASTER LEG SPLINT |
| 36 | APPLY PLASTER ARM SPLINT |
| 37 | APPLY FINGER/HAND SPLINT |
| 38 | APPLY CLUB FOOT PLASTER CAST |
| 39 | APPLY REESER PLASTER JACKET |
| 40 | APPLY SARMIENTO PLASTER CAST |
| 41 | APPLY MINERVA JACKET PLASTER CAST |
| 42 | APPLY WALKING PLASTER CAST |
| 43 | APPLY QUADRALATERAL PLASTER CAST (FOR FRACTURED FEMUR) |
| 44 | BIVALVE/WINDOW/TRIM PLASTER CAST |
| 45 | REMOVE PLASTER CAST |
| 46 | GIVE CARE TO PATIENT IN A CAST, E.G. PAD/PETAL CAST, TURN |
| 47 | GIVE CRUTCHFIELD TONG CARE |
| 48 | TAKE PATIENT IN AND OUT OF TRACTION |
| 49 | DETERMINE NEED AND INITIATE REALIGNMENT OF TRACTION, E.G. LINE OF PULL, CHANGE IN WEIGHT |
| 50 | PLACE STUMP IN SKIN TRACTION |

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14 OF RESPONSE BOOKLET
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|----|---|
| 1 | PLACE PATIENT IN CERVICAL HALTER TRACTION |
| 2 | PLACE PATIENT IN BRYANT'S TRACTION |
| 3 | PLACE PATIENT IN BUCK'S TRACTION |
| 4 | PLACE PATIENT IN RUSSELL TRACTION |
| 5 | PLACE PATIENT IN SKELETAL TRACTION WITH THOMAS SPLINT |
| 6 | PLACE PATIENT IN BALANCED SUSPENSION TRACTION |
| 7 | PLACE PATIENT IN T-SPLINT CLAVICLE TRACTION |
| 8 | PLACE PATIENT IN DUNLOP'S ARM TRACTION |
| 9 | PLACE PATIENT IN PELVIC TRACTION |
| 10 | PLACE PATIENT IN SKULL TRACTION WITH CRUTCHFIELD TONGS |
| 11 | REMOVE ORTHOPEDIC PIN, I.E. SKELETAL TRACTION |
| 12 | GIVE EMERGENCY TREATMENT/FIRST AID FOR FRACTURES |
| 13 | SET FRACTURE, I.E. CLOSED REDUCTION |
| 14 | FABRICATE SPLINTS FOR PREVENTION/CORRECTION OF ORTHOPEDIC DEFORMITY |
| 15 | FABRICATE FRACTURE SPLINT |
| 16 | FABRICATE ORTHOPEDIC SHOE CORRECTION |
| 17 | FABRICATE PATTERN FOR MOULDS |
| 18 | FABRICATE PLASTIC HEAD CAPS |
| 19 | EXPLAIN X-RAY PROCEDURES TO PATIENT |
| 20 | EXPLAIN RADIATION THERAPY PROCEDURES TO PATIENT |
| 21 | EXPLAIN RADIATION SAFETY MEASURES TO PATIENT ON RADIOTHERAPY |
| 22 | GIVE CARE TO PATIENT WHO HAS RADIOACTIVE IMPLANT, E.G. RADIUM |
| 23 | TAKE ROUTINE CERVICAL SPINE X-RAYS |
| 24 | TAKE ROUTINE CHEST X-RAYS |
| 25 | TAKE ROUTINE LUMBAR SPINE X-RAYS |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 14 OF RESPONSE BOOKLET
26	TAKE ROUTINE X-RAYS OF LOWER EXTREMITIES
27	TAKE ROUTINE X-RAYS OF UPPER EXTREMITIES
28	TAKE ROUTINE ABDOMINAL X RAYS
29	TAKE ROUTINE X-RAYS OF KIDNEY/UPUTER/BLADDER
30	DETERMINE EXPOSURE TECHNIQUE FOR X-RAY SERIES
31	DETERMINE AND SET KILOVOLTAGE-MAJOR/MINOR-PEAK METER ON X-RAY UNIT
32	DETERMINE AND SET MA METER ON X-RAY UNIT
33	DETERMINE AND SET IMPULSE TIMER ON X-RAY UNIT
34	SELECT ALTERNATIVE TECHNIQUES IN SETTING X-RAY UNIT
35	TAKE X-RAYS WITH A CEPHALIC TUBE TILT
36	TAKE X-RAYS WITH A CAUDAL TUBE TILT
37	TAKE X-RAYS USING SCREEN TECHNIQUE
38	TAKE X-RAYS USING FIXED GRID TECHNIQUE
39	TAKE X-RAYS USING CARDBOARD TECHNIQUE
40	TAKE X-RAYS USING BUCKY TECHNIQUE
41	REPEAT SHOOTING OF X-RAY UNTIL X-RAY IS READABLE
42	INFORM DOCTOR OF UNEXPECTED X-RAY FINDINGS
43	READ X-RAY FILMS FOR TECHNICAL ADEQUACY
44	POINT OUT POSSIBLE ABNORMALITIES ON X-RAY FILM TO DOCTOR
45	DETECT BONE ABNORMALITIES ON X-RAY FILM
46	ADMINISTER DOUCHE
47	REMOVE VAGINAL PACKING
48	MEASURE FUNDAL HEIGHT DURING PREGNANCY
49	CHECK FETAL HEART BEAT RATE/RHYTHM/VOLUME
50	PALPATE UTERUS FOR LENGTH, STRENGTH AND FREQUENCY OF CONTRACTIONS

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 15
OF RESPONSE BOOKLET

- 1 PALPATE UTERUS TO DETERMINE POSITION AND PRESENTATION OF FETUS
- 2 PALPATE BREASTS FOR ENGORGEMENT
- 3 PALPATE FUNDUS/UTERUS FOR FIRMNESS AND/OR LEVEL OF INVOLUTION
- 4 MASSAGE FUNDUS OF POSTPARTUM PATIENT
- 5 CHECK PATIENT IN LABOR FOR CROWNING/BREECH/CORD
- 6 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM VAGINA, E.G. LOCHIA
- 7 PALPATE BREASTS FOR MASSES/NODES
- 8 EXAMINE NIPPLE FOR SORES/CRACKING
- 9 CHECK PATIENT IN LABOR FOR TEARS OF PERINEUM
- 10 ADMINISTER/PROVIDE TRILENE MASK TO PATIENT
- 11 HELP WOMAN BEAR DOWN/RELAX DURING LABOR
- 12 DELIVER BABY
- 13 DELIVER PLACENTA
- 14 CUT UMBILICAL CORD AND APPLY CLAMP
- 15 COUNT CORD VESSELS
- 16 GIVE PERINEAL CARE
- 17 PUMP BREAST OF POSTPARTUM PATIENT
- 18 HELP NEW MOTHER BREAST FEED/BOTTLE FEED NEWBORN
- 19 INSTRUCT WOMEN IN LABOR ON METHODS OF RELAXATION, BREATHING, BEARING DOWN
- 20 EXPLAIN/ANSWER QUESTIONS ABOUT METHODS OF CONTRACEPTION
- 21 EXPLAIN/ANSWER MOTHER'S QUESTIONS REGARDING POST PARTUM CARE
- 22 TEACH POST PARTUM CLASSES, E.G. BABY BATH DEMONSTRATIONS, FEEDINGS
- 23 TEACH PRENATAL EXERCISES
- 24 TEACH WOMEN SELF BREAST EXAMINATION
- 25 REASSURE APPREHENSIVE PARENTS OF PEDIATRIC PATIENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 15 OF RESPONSE BOOKLET
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|----|---|
| 26 | REASSURE/CALM CHILDREN FOR EXAMINATION OR TREATMENT |
| 27 | RESTRAIN/CONTROL CHILDREN FOR EXAMINATION/TREATMENT/TEST |
| 28 | HOLD/CARRY NEWBORN/INFANTS |
| 29 | HOLD/CARRY/ROCK CHILDREN |
| 30 | PLAY WITH CHILDREN |
| 31 | CHANGE DIAPERS |
| 32 | WASH NEW BORN BABIES |
| 33 | BATHE INFANTS/CHILDREN |
| 34 | WEIGH BABIES |
| 35 | PREPARE AND TAKE INFANTS TO MOTHER |
| 36 | TAKE INFANT'S VITAL SIGNS |
| 37 | MEASURE BABIES' ABDOMEN, CHEST, HEAD, LENGTH |
| 38 | MEASURE SKULL |
| 39 | RATE APGAR |
| 40 | PLOT GROWTH CURVE, E.G. BOSTON CURVE |
| 41 | IDENTIFY/REPORT ABNORMAL CRY OF BABY, E.G. WEAK, HIGH PITCHED |
| 42 | OBSERVE INFANT'S SUCKING ABILITY |
| 43 | GIVE PREMATURE INFANT CARE, E.G. BATHE, FEED, POSITION IN INCUBATOR |
| 44 | SUCTION INFANT |
| 45 | GAVAGE PREMATURE INFANT |
| 46 | GIVE UMBILICAL CORD CARE, E.G. CLEAN, DRESS CORD, REMOVE CLAMP |
| 47 | PLACE BABY IN PHOTOTHERAPY(BILIRUBIN LIGHT) |
| 48 | TAPE UMBILICAL HERNIA |
| 49 | CHECK TONIC NECK REFLEX (FENCING POSITION) |
| 50 | CHECK ROOTING REFLEX |

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 16 OF RESPONSE BOOKLET
1	CHECK SUCKING REFLEX
2	CHECK STARTLE REFLEX/MORO REFLEX
3	PERFORM DEVELOPMENTAL SCREENING EXAMINATION OF CHILDREN, E.G., DENVER DEVELOPMENTAL
4	OBTAIN DEVELOPMENTAL HISTORY OF CHILD
5	OBTAIN BIRTH HISTORY
6	OBSERVE AND DESCRIBE PARENT-CHILD INTERACTION
7	OBSERVE CHILDREN FOR AND DESCRIBE SYMPTOMS OF HYPERACTIVITY
8	EXPLAIN/ANSWER PARENT'S QUESTIONS REGARDING NEWBORN CARE
9	EXPLAIN/ANSWER PARENT'S QUESTIONS ON CHILD DEVELOPMENT PROBLEMS, E.G., TOILET TRAINING
10	EXPLAIN/ANSWER PARENT'S QUESTIONS CONCERNING WELL BABY CARE
11	INSTRUCT PARENT ON PREPARATION OF INFANT FORMULA
12	INSTRUCT PATIENT/FAMILY ON POST IMMUNIZATION CARE AND SCHEDULE
13	COUNSEL PARENT ON SEX EDUCATION OF CHILDREN
14	TEACH PARENT RECOGNITION AND PREVENTION OF FOOD ALLERGIES IN CHILDREN
15	INSTRUCT PARENTS ON CARE OF CHILDREN WITH COMMUNICABLE DISEASES, E.G., MEASLES, MUMPS
16	INSTRUCT PARENT IN POST-OP CARE OF CHILD WITH POLYETHYLENE TUBE IN EAP
17	TALK WITH PATIENT TO ASCERTAIN NEEDS/PROBLEMS
18	ELICIT INFORMATION TO ASCERTAIN PATIENT'S UNDERSTANDING/ACCEPTANCE OF ILLNESS/TREATMENT
19	CONFER WITH PATIENT/FAMILY TO PLAN PATIENT CARE
20	REVIEW PAST AND PRESENT MEDICAL/DENTAL HISTORY TO PLAN CARE
21	EVALUATE PATIENT'S SOCIO-CULTURAL BACKGROUND FOR INFLUENCES ON HEALTH CARE
22	CONDUCT TEAM/WARD CONFERENCE (CLASS) ON PROBLEM/PROGRESS OF INDIVIDUAL PATIENT
23	PREPARE A CARE PLAN FOR PATIENT
24	SUGGEST CHANGES IN NURSING CARE PLAN FOR PATIENT
25	INITIATE AND IMPLEMENT CHANGE IN PATIENT CARE PLAN

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET
26	EVALUATE PATIENT'S PROGRESS/RESPONSE TO THERAPEUTIC REGIME
27	EVALUATE QUALITY OF NURSING CARE GIVEN TO INDIVIDUAL PATIENT
28	COORDINATE PATIENT TREATMENT PLAN WITH OTHER DEPARTMENTS/ AGENCIES
29	CONFER WITH PARAMEDICAL PERSONNEL TO DISCUSS PATIENT PROGRESS/ PROBLEMS, E.G. O.T., P.T., SOCIAL WORKER
30	RECOMMEND PSYCHOLOGICAL APPROACH TO USE WITH PATIENT
31	PLAN RECREATIONAL/DIVERSIONAL THERAPY/ACTIVITIES FOR PATIENT, E.G. MOVIES, FIELD TRIPS
32	CONFER WITH CHAPLAIN TO DISCUSS PATIENT/FAMILY NEEDS/PROBLEMS
33	RECOMMEND NEED FOR SPECIALTY CONSULT/REFERRAL
34	RECOMMEND NEED FOR PARAMEDICAL CONSULT OR REFERRAL, E.G. SOCIAL WORKER, O.T., P.T.
35	REFER PATIENT TO LEGAL RESOURCES
36	FOLLOW UP PATIENT TO DETERMINE IF NEEDED SERVICES WERE OBTAINED
37	INTERVIEW/EVALUATE PATIENT/FAMILY FOR REFERRAL/CONSULT
38	PLAN PATIENT DISCHARGE, E.G. REFERRALS NEEDED, HEALTH EDUCATION NEEDS, FAMILY/HOME PREPARATION
39	INSTRUCT FAMILY IN CARE OF PATIENT ON PASS/LEAVE, E.G. PATIENT LIMITATIONS, POTENTIAL PROBLEMS
40	EVALUATE PATIENT/FAMILY RESOURCES/PREPARATION FOR ADMISSION/ DISCHARGE, E.G. TRANSPORTATION, CHILD CARE
41	FOLLOW UP/EVALUATE PATIENT TREATMENT/PROGRESS AFTER DISCHARGE FROM MEDICAL FACILITY
42	FOLLOW UP FAILED APPOINTMENT, E.G. BY PHONE, LETTER, HOME VISIT
43	RECOMMEND OCCUPATION/NAVY ENVIRONMENT FOR PATIENT TO DOCTOR PLANNING DISCHARGE
44	INFORM PATIENT OF CLUBS ESTABLISHED FOR PEOPLE WITH SPECIFIC DISEASES
45	SUGGEST BOOKS (FICTION/NON-FICTION) TO PATIENT FOR THERAPEUTIC PURPOSES
46	ENCOURAGE PATIENT TO PARTICIPATE IN SOCIAL ACTIVITIES, E.G. PARTIES, SPORTS
47	INFORM PATIENT OF THERAPEUTIC TRAINING PROGRAMS, E.G. LIP READING CLASSES
48	DETERMINE TYPE OF LECTURES AND CONSULTANTS FOR PATIENT INSTRUCTION
49	INFORM PATIENT/FAMILY OF VA HOSPITAL BENEFITS
50	EVALUATE PSYCHOLOGICAL NEEDS OF PATIENT IN RELATION TO HIS PHYSICAL DISABILITY

TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 17
| OF RESPONSE BOOKLET

- 1 | ENCOURAGE PATIENT INDEPENDENCE AND/INVOLVEMENT IN SELF CARE
- 2 | REINFORCE PATIENT'S POSITIVE RESPONSE TO THERAPY
- 3 | INFORM PATIENT OF PROGRESS OF THERAPY
- 4 | PROGRESSIVELY LESSEN PATIENT'S DEPENDENCY ON MEDICAL PERSONNEL
- 5 | CONDUCT CLASSES FOR GROUPS OF PATIENTS REGARDING CARE OF
| SPECIFIC DISABILITY/DISEASE
- 6 | TEACH PATIENT/FAMILY CARE OF SPECIFIC DISEASES/DISABILITIES,
| E.G. DIABETES, CVA
- 7 | RECOMMEND/GIVE PATIENT/FAMILY SUPPLEMENTARY HEALTH EDUCATION
| PAMPHLETS OR BOOKS
- 8 | TEACH PATIENT/FAMILY SELF USE OF THERAPEUTIC EQUIPMENT/DEVICES
- 9 | TEACH PATIENT/FAMILY NURSING CARE PROCEDURES, E.G. DRESSING
| CHANGE, CAST CARE
- 10 | COUNSEL FAMILY IN CARE OF GERIATRIC PATIENT
- 11 | TEACH PATIENT/FAMILY HEALTH PROMOTION PRACTICES, E.G. ROUTINE
| PHYSICALS, EXERCISE, DIET
- 12 | TEACH GENERAL MENTAL HEALTH CONCEPTS
- 13 | EXPLAIN/ANSWER QUESTIONS ABOUT VENEREAL DISEASE, E.G.
| PREVENTION, SYMPTOMS
- 14 | TEACH PATIENT/FAMILY HOME ACCIDENT PREVENTION
- 15 | TEACH PATIENT/FAMILY WARNING SIGNS OF CANCER
- 16 | EXPLAIN PREVENTIVE/CORRECTIVE MEASURES FOR DERMATITIS
- 17 | INSTRUCT PATIENT IN PREVENTIVE CARE OF FINGER AND TOENAIL
| ABNORMALITIES
- 18 | TEACH PATIENT SELF-CARE PREVENTIVE DENTISTRY MEASURES, E.G. USE
| OF TOOTHBRUSH, WATER PIC
- 19 | INFORM PATIENT/FAMILY OF MILITARY SERVICES, E.G. NAVY RELIEF,
| VETERANS BENEFITS
- 20 | INFORM PATIENT/FAMILY WHERE TO OBTAIN MEDICAL SUPPLIES
- 21 | INFORM PATIENT ON AVAILABILITY OF SERVICES IN THE COMMUNITY,
| E.G. LEGAL AID, EMPLOYMENT
- 22 | INFORM PATIENT/FAMILY OF RECREATIONAL ACTIVITIES IN THE
| COMMUNITY, E.G. SENIOR CITIZEN CLUB
- 23 | LISTEN TO PATIENT/FAMILY DISCUSS THEIR PERSONAL PROBLEMS
- 24 | COUNSEL PATIENT WITH TERMINAL ILLNESS OF HIS FAMILY
- 25 | LISTEN TO PATIENT/FAMILY EXPRESS FEELINGS ON DEATH

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 17
OF RESPONSE BOOKLET

- 26 COMFORT THE DYING PATIENT OR HIS FAMILY
- 27 LISTEN TO PATIENT/FAMILY EXPRESS FEELINGS, E.G. GRIEF, GUILT
- 28 PROVIDE SUPPORT/REASSURE FAMILY OF PATIENT'S CONDITION/PROGRESS
- 29 SELECT LENGTH OF TIME NEEDED FOR RENAL DIALYSIS
- 30 CONNECT/DISCONNECT PATIENT TO/FROM ARTIFICIAL KIDNEY
- 31 MAINTAIN DIALYSIS FLOW RATE
- 32 MAINTAIN ARTIFICIAL KIDNEY BATH SOLUTIONS AND TEMPERATURE DURING DIALYSIS
- 33 CHECK BRUITS TO INTERPRET BLOOD FLOW THROUGH ARTERIAL/VENOUS SHUNTS
- 34 GIVE ARTERIAL/VENOUS SHUNT CARE
- 35 DECLOT ARTERIAL/VENOUS SHUNT
- 36 MAINTAIN VENOUS PRESSURE IN ACCORDANCE WITH ULTRAFILTRATION REQUIREMENTS
- 37 GIVE EMERGENCY TREATMENT/FIRST AID FOR COIL LEAK/RUPTURE DURING HEMODIALYSIS
- 38 DO REGIONAL HEPARINIZATION USING A PROTAMINE INFUSION
- 39 REGULATE PATIENT'S FLUID AND ELECTROLYTE BALANCE DURING DIALYSIS
- 40 INTERPRET LABORATORY FINDINGS TO MODIFY DIALYSIS ROUTINE ACCORDING TO SPECIFIED GUIDELINES
- 41 EVALUATE PATIENT PROGRESS AND RESPONSE TO DIALYSIS
- 42 DETERMINE/ALTER HEPARIN DOSE ACCORDING TO SPECIFIED CLOTTING TIMES
- 43 OBSERVE/REPORT SYMPTOMS OF HYPOVOLEMIA SHOCK ON KIDNEY (OVER ULTRAFILTRATION)
- 44 OBSERVE FOR/REPORT SYMPTOMS OF HYPERNATREMIA, HYPERKALEMIA, UREMIA
- 45 TEACH PATIENT/FAMILY HOME DIALYSIS
- 46 PREPARE PATIENT PSYCHOLOGICALLY FOR LONG TERM TREATMENT
- 47 PREPARE PATIENT PSYCHOLOGICALLY FOR ORGAN TRANSPLANT
- 48 ASK/INSTRUCT PATIENT TO COLLECT SPECIMEN
- 49 CHECK WITH PATIENT TO ENSURE THAT HE HAS COLLECTED SPECIMEN AS INSTRUCTED
- 50 PICK UP/DELIVER SPECIMENS

LEFT PAGE 18 GENERAL CORPSMAN TASK BOOKLET

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 18 OF RESPONSE BOOKLET
1	PREPARE, LABEL AND SEND ROUTINE SPECIMENS E.G. URINE, BLOOD TO LABORATORY
2	PREPARE, LABEL AND SEND STOOL SAMPLE FOR OVA AND PARASITE TESTING
3	PREPARE, LABEL AND SEND CULTURE SPECIMENS TO LABORATORY
4	PREPARE, LABEL AND SEND BIOPSY SPECIMENS TO LABORATORY
5	PREPARE, LABEL AND SEND SPINAL FLUID SPECIMEN TO LABORATORY
6	COLLECT BLOOD BY VENIPUNCTURE
7	COLLECT CAPILLARY BLOOD SAMPLE, I.E. FROM FINGER TIP, TOE OR EAR LOBE
8	COLLECT BLOOD FROM CHILDREN/INFANTS
9	COLLECT BLOOD SAMPLES FOR DETERMINATION OF GASES
10	COLLECT HEEL PUNCH BLOOD SPECIMEN FOR PKU TESTING
11	CLIP FINGER/TOENAILS FOR PKU TESTING
12	DO PKU DIAPER TEST
13	COLLECT CORD BLOOD SAMPLES
14	COLLECT TIMED SPECIMENS, E.G. 24 HOUR URINE, BLOOD FOR GLUCOSE TOLERANCE
15	COLLECT URINE SPECIMEN FROM INFANTS
16	ASSIST PATIENT IN COLLECTING CLEAN CATCH URINE
17	COLLECT SPUTUM SPECIMEN BY SUCTION TRAP
18	TAKE NASAL/EAR/THROAT SPECIMEN BY STERILE SWAB
19	COLLECT THROAT/NOSE/EAR CAVITY SECRETIONS/SPECIMEN BY SUCTION TRAP
20	ASPIRATE GASTRIC SECRETION FOR ANALYSIS
21	ASPIRATE DUODENAL SECRETIONS FOR ANALYSIS
22	DO A SALINE WASH OF G.I. TRACT FOR CYTOLOGY STUDIES
23	TAKE VAGINAL SMEAR FROM PATIENT
24	SCRAPE CERVICAL ORIFICE FOR PAP SMEAR SPECIMEN
25	ASPIRATE POSTERIOR FORNIX FOR PAP SMEAR SPECIMEN

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET
26	COLLECT RADIOACTIVE SPECIMEN
27	TAKE WOUND SPECIMEN FROM PATIENT
28	TAKE PUS SPECIMEN FROM PATIENT
29	TAKE SKIN SCRAPE SPECIMEN FROM PATIENT
30	TAKE SWAB CULTURES FROM HOSPITAL EQUIPMENT/FLOORS
31	TAKE SWAB TEST SAMPLES FROM FOOD AND BEVERAGE OUTLET/CONTAINERS
32	PREPARE QUALITY CONTROL CULTURES
33	PREPARE, LABEL AND SEND PLACENTA TO LABORATORY
34	PREPARE ROUTINE STAINS
35	PREPARE SPECIAL STAINS
36	PREPARE BLOOD FILM ON SLIDE
37	STREAK CULTURE MEDIA
38	PREPARE STAINED SPECIMENS USING VITAL STAIN
39	PREPARE STAINED SPECIMENS USING CELLULAR STAIN E.G. GRAM
40	PREPARE STAINED SPECIMENS USING FLAGELLAR STAIN
41	PREPARE STAINED SPECIMENS USING CAPSULE STAIN
42	PREPARE SMEARS FOR MICROSCOPIC ANALYSIS
43	PREPARE PERMANENT WET MOUNTS
44	MOUNT TISSUE SLIDES
45	WASH/PREPARE GLASSWARE FOR LAB USE, INCLUDING SPECIAL PREPARATION, E.G. ACID WASH, SILICONE COAT
46	MEASURE/DILUTE/PRESERVE LAB SPECIMEN E.G. URINE, BLOOD FOR SUBSEQUENT TESTING
47	PREPARE/PRESERVE ROUTINE (NON-TISSUE) LAB SPECIMEN FOR SHIPMENT
48	CENTRIFUGE BLOOD AND SEPARATE SERUM OR PLASMA
49	CENTRIFUGE URINE
50	CALCULATE AND PREPARE PERCENT SOLUTIONS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 19 OF RESPONSE BOOKLET
1	CALCULATE AND PREPARE NORMAL/MOLAR SOLUTIONS
2	PREPARE BUFFER SOLUTIONS
3	USE LOCALLY DEVELOPED MANUALS/GUIDES TO FOLLOW ANALYTICAL PROCEDURES
4	USE COMMERCIAL MANUALS TO FOLLOW ANALYTICAL PROCEDURES
5	READ EQUIPMENT MANUALS FOR OPERATION AND MAINTENANCE OF EQUIPMENT
6	CONVERT CENTIGRADE TEMPERATURE TO FAHRENHEIT OR VICE VERSA
7	PLOT READING/VALUES ON RECTILINEAR GRAPH PAPER
8	PREPARE/PRESERVE CORPSE/BODY PARTS FOR SHIPMENT
9	INVESTIGATE TRANSFUSION REACTION
10	LOOK UP NORMAL VALUES FOR LABORATORY TESTS FROM REFERENCE TABLE/BOOK
11	PREPARE/PRESERVE CORPSE/BODY PARTS FOR SHIPMENT
12	CHECK SPECIFIC GRAVITY OF URINE
13	CHECK URINE PH BY PAPER STRIP/DIP STIK
14	CHECK URINE SUGAR BY DIP STIK/CLINITEST
15	CHECK URINE PROTEIN BY DIP STIK
16	CHECK URINE FOR ACETONE/KETONE BODIES
17	CHECK URINE FOR PHENYLPYRUVIC ACID BY DIP STIK (PKU)
18	TEST FOR OCCULT BLOOD USING CHEMICAL SOLUTION E.G. GUAIAC
19	TEST FOR OCCULT BLOOD USING HEMATEST TABLETS
20	TEST FOR SYPHILLIS USING RPR CARD
21	MEASURE BLOOD GLUCOSE LEVEL BY DEXTROSTIK
22	CHECK BUN CONCENTRATION USING UROGRAPH STRIP
23	EXAMINE URINE FOR CASTS /PUS/RBC
24	TEST URINE FOR BENGE-JONES PROTEIN
25	DETERMINE BLOOD HEMOGLOBIN CONCENTRATIONS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 19 OF RESPONSE BOOKLET
26	CHECK BLOOD HEMATOCRIT
27	DETERMINE COAGULATION (CLOTTING) TIME
28	DO MICRO-HEMATOCRIT (NON-AUTOMATED METHOD)
29	DETERMINE WHITE BLOOD CELL COUNT
30	DETERMINE RED BLOOD CELL COUNT
31	PREPARE WHITE BLOOD COUNT SAMPLES FOR HEMOCYTOMETER COUNTING
32	DETERMINE DIFFERENTIAL BLOOD CELL COUNTS
33	DETERMINE BLOOD PH
34	DETERMINE CO ₂ CONTENT OF BLOOD/PLASMA
35	DETERMINE O ₂ CONTENT OF BLOOD/PLASMA
36	DETERMINE CO CONTENT OF BLOOD/PLASMA
37	CALCULATE O ₂ CAPACITY OF HEMOGLOBIN
38	TEST FOR THE PRESENCE OF BACTERIA IN OTHER BODY SECRETIONS, E.G. NASAL, SPINAL
39	IDENTIFY BACTERIA BY STAINING METHODS
40	IDENTIFY BACTERIA BY BASIC CULTURE TECHNIQUES
41	DO VDRL TEST, QUALITATIVE
42	DO VDRL DETERMINATION, QUANTITATIVE
43	TEST FOR THE PRESENCE OF BACTERIA IN BLOOD/SERUM/PLASMA
44	CHECK FOR BACTERIAL PRESENCE IN URINE BY MICROSCOPIC EXAMINATION
45	TEST FOR FUNGUS USING STAINING TECHNIQUES
46	TEST FOR FUNGUS USING CULTURE TECHNIQUES
47	TEST FOR FECAL FAT BY STAINING METHOD
48	EMULSIFY FECES FOR TESTING
49	MICROSCOPICALLY EXAMINE FECES FOR OVA AND PARASITES
50	IDENTIFY CESTODES, NEMATODES, OR TREMATODES

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 20 OF RESPONSE BOOKLET
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| 1 | IDENTIFY AMOEBA |
| 2 | IDENTIFY PROTOZOA |
| 3 | RECOVER INTESTINAL PROTOZOA BY FLOTATION METHOD |
| 4 | RECOVER INTESTINAL PROTOZOA BY ETHER CONCENTRATION |
| 5 | PREPARE MIF |
| 6 | DETERMINE PH OF GASTRIC JUICE |
| 7 | CALCULATE HCL CONCENTRATION OF GASTRIC JUICE |
| 8 | CALCULATE TOTAL HCL OUTPUT |
| 9 | DETERMINE PH OF BILIARY/PANCREATIC SECRETIONS |
| 10 | DETERMINE PH AND CHLORINE CONTENT OF SWIMMING POOLS |
| 11 | RUN TEST STANDARD TO CHECK ACCURACY OF EQUIPMENT |
| 12 | GOWN FOR STERILE PROCEDURE |
| 13 | SCRUB FOR SURGERY/STERILE PROCEDURE |
| 14 | GLOVE FOR STERILE PROCEDURE |
| 15 | TIE UP SURGICAL GOWN FOR SCRUBBED PERSONNEL |
| 16 | SET UP MAYO STAND WITH INSTRUMENTS |
| 17 | SET UP SURGICAL BACK TABLE WITH STERILE INSTRUMENTS/EQUIPMENT |
| 18 | SET UP SUTURE BOOK/TOWEL |
| 19 | PASS STERILE DRAPE TO SURGEON |
| 20 | PASS INSTRUMENTS TO PHYSICIAN |
| 21 | CLAMP BLOOD VESSELS |
| 22 | TIE SUTURES/LIGATURES FOR HEMOSTASIS |
| 23 | CUT TISSUE AS DIRECTED BY SURGEON |
| 24 | POSITION/HOLD RETRACTORS TO MAINTAIN OPEN INCISION |
| 25 | REMOVE FLUID FROM SURGICAL SITE WITH SPONGES OR SUCTION |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 20 OF RESPONSE BOOKLET
26	CUT SUTURES AT SURGICAL SITE
27	PASS STERILE ACCESSORIES, EQUIPMENT, E.G. TUBING, CORD TO CIRCULATOR FOR CONNECTION
28	PASS STERILE MATERIALS, EQUIPMENT, MEDICATION, TO PERSONNEL PERFORMING STERILE PROCEDURE
29	OBTAIN EQUIPMENT, MEDICATIONS, INSTRUMENTS P.R.N. FOR PERSONNEL PERFORMING STERILE PROCEDURE
30	POUR STERILE SOLUTION, E.G. STERILE WATER, SALINE
31	LABEL MEDICINE GLASSES WITH NAME AND AMOUNT OF DRUG FOR STERILE FIELD
32	HOLD VIALS/AMPULES OF DRUGS FOR USE AND DRUG VERIFICATION DURING STERILE PROCEDURE
33	COUNT NEEDLES/INSTRUMENTS PRE/POST SURGERY
34	FLASH STERILIZE INSTRUMENTS
35	ARRANGE FURNITURE/SET UP EQUIPMENT/SUPPLIES FOR PROCEDURE, E.G. EXAM, TREATMENT
36	CHECK PERSONNEL FOR REQUIRED ATTIRE FOR ENTRY/EXIT FROM DEPARTMENT
37	ASSIST PEOPLE IN FINDING CLINICS AND SPACES
38	LOG IN PATIENTS TO CLINIC/DEPARTMENT/SICK CALL
39	INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS
40	ENTER PATIENT IDENTIFICATION INFORMATION ONTO REPORTS/RECORDS
41	DETERMINE ELIGIBILITY OF INDIVIDUALS TO RECEIVE HEALTH CARE IN ACCORDANCE WITH REGULATIONS
42	SCREEN VISITORS FOR PATIENTS IN LINE WITH SPECIFIED REGULATIONS/ORDERS
43	ANSWER TELEPHONE/TAKE MESSAGES, MEMOS
44	MAINTAIN A SET OF REFERENCE BOOKS/MANUALS/PUBLICATIONS
45	DO ROUTINE FILING
46	REVIEW INCOMING MESSAGES/MEMOS
47	SORT/FORWARD MAIL
48	COMPILE/UPDATE MAILING/ADDRESS LIST
49	TYPE
50	LOCATE MISPLACED CHARTS/HEALTH RECORDS

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 21
OF RESPONSE BOOKLET

- 1 PLACE SPECIAL TREATMENT TAGS OVER/ON REOS, E.G. FASTING, FORCE FLUIDS
- 2 PREPARE REQUEST FORM FOR PHOTOGRAPHIC/PRINTING SERVICES
- 3 ENSURE THAT PATIENTS LOG IN AND OUT OF DEPARTMENT
- 4 MAINTAIN BLANK (STANDARD) FORMS CONTROL
- 5 STUFF, THIN AND PULL PATIENT'S CHART
- 6 ASSEMBLE PATIENT CHART, RECORDS, PAPERWORK FOR NEW ADMISSION/ DISCHARGE/TRANSFER
- 7 TRANSCRIBE PHYSICIAN'S ORDERS
- 8 MAINTAIN CARDEX FILE/SYSTEM
- 9 PREPARE REQUISITIONS FOR DIAGNOSTIC PROCEDURES, E.G. LAB, EEG
- 10 OBTAIN PATIENT'S PAST HOSPITALIZATION RECORDS/X-RAYS
- 11 FILE COMPLETED/RETURNED CHITS/REPORTS IN PATIENT RECORD
- 12 CUT AND MOUNT ECG STRIPS
- 13 PREPARE MISCELLANEOUS CHITS, E.G., SPECIAL REQUESTS, CHECK CHITS
- 14 ASSEMBLE CHART, REQUISITIONS FOR PHYSICAL EXAMINATION
- 15 PREPARE/ASSEMBLE MEDICAL BOARD REPORTS FOR COMPLETION
- 16 PREPARE NECESSARY PAPERWORK FOR PHYSICAL EVALUATION REBUTTAL
- 17 PREPARE PERSONAL EFFECTS REPORT/REQUIRED DOCUMENT/PAPERWORK WHEN DEATH OCCURS
- 18 DRAFT WARD/CLINIC ACCIDENT/INCIDENT REPORTS, I.E. WORK INJURY REPORTS FOR PATIENTS OR STAFF
- 19 OBTAIN CONSENTS FOR PROCEDURES/AUTOPSY
- 20 OBTAIN/WITNESS PATIENT'S SIGNATURE FOR RELEASE OF MEDICAL INFORMATION, E.G., X-RAYS, RECORDS
- 21 ASSEMBLE PATIENT CHART, RECORDS, X-RAYS FOR PRE-OP
- 22 COMPLETE/VERIFY PRE-OP CHECK OFF LIST
- 23 GRAPH PATIENT DATA, E.G., VITAL SIGNS, I AND O
- 24 RECORD ADMINISTRATION OF MEDICATION ON PATIENT HEALTH RECORD
- 25 CROSS CHECK MEDICATION AND TREATMENT CARDS WITH CARDEX

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 21 OF RESPONSE BOOKLET
26	CHECK RECORDS FOR UP-TO-DATE IMMUNIZATIONS/X-RAYS/PHYSICALS
27	CHECK CONSULTATION REQUESTS TO INSURE THE CORRECT STUDY IS TO BE CARRIED OUT
28	REVIEW AND FOLLOW THROUGH ON COMPLETED CONSULT REPORTS
29	CHECK PATIENTS CHART/HEALTH RECORD FOR COMPLETENESS OF FORMS/REPORTS/RECORDS
30	RECORD PHYSICIAN EXAMINATION FINDINGS
31	PREPARE REPORT/FEEDER REPORT ON NUMBERS OF INPATIENT/OUTPATIENT SERVICES PERFORMED
32	MAINTAIN DAILY RECORDS ON PATIENT PROCEDURES/EXAMINATIONS PERFORMED
33	INFORM HOSPITAL AUTHORITIES OF PATIENTS CONDITION
34	PREPARE WARD REPORT
35	MAKE ENTRIES ONTO TWENTY-FOUR HOUR NURSING REPORT
36	PREPARE LEAVE REQUEST FORMS
37	PREPARE MUSTER REPORT
38	PREPARE PATIENT LIBERTY LIST
39	PREPARE WORK ORDERS/WORK REQUESTS
40	LOG STAFF HOSPITALIZATIONS
41	ARRANGE FOR SPECIAL OR LATE MEALS FOR PATIENTS/VISITOR/STAFF
42	PREPARE/UPDATE DIET LIST
43	COMPILE DISASTER CONTROL LIST/CARD
44	SUPERVISE THE HANDLING OF HEALTH RECORDS
45	EVALUATE THE ADEQUACY/EFFECTIVENESS OF ROUTINE REPORTS
46	PREPARE REPORTS FOR TRANSMITTAL TO OTHER COMMANDS
47	MAINTAIN NAVY DIRECTIVES ISSUANCE SYSTEM (INSTRUCTIONS AND NOTICES)
48	TAKE ACTION ON NAVY DIRECTIVES, I.E. INSTRUCTIONS AND NOTICES
49	REVIEW REPORTS/REQUESTS FOR PROPER PREPARATION AND COMPLETION
50	COORDINATE WITH HOSPITAL ON ADMISSION OF PATIENTS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 22 OF RESPONSE BOOKLET
1	PROCESS PATIENT ADMISSIONS/DISCHARGES/TRANSFERS
2	CONTACT OTHER DEPARTMENTS TO OBTAIN/COORDINATE PATIENT/PERSONNEL APPOINTMENTS
3	SCHEDULE APPOINTMENTS FOR CLINIC/DEPARTMENT, E.G., MAINTAIN APPOINTMENT BOOK
4	MAINTAIN CALL LIST TO FILL BROKEN/CANCELLED APPOINTMENTS
5	ADJUST/COORDINATE CHANGES IN PATIENT SCHEDULES AS NEEDED
6	COORDINATE PATIENT TRANSFER WITHIN HOSPITAL
7	COORDINATE PATIENT TRANSFER BETWEEN MEDICAL FACILITIES
8	ARRANGE TRANSPORTATION FOR PATIENTS/PERSONNEL
9	SUPERVISE PATIENT EVACUATION, E.G. ENSURE PATIENT IS MEDICALLY SECURED FOR TRANSPORT
10	COORDINATE MEDICAL EVACUATIONS
11	NOTIFY HEALTH AUTHORITIES OF PATIENT WITH COMMUNICABLE DISEASE
12	NOTIFY HEALTH AUTHORITIES OF ANIMAL BITE INCIDENTS
13	COORDINATE AMBULANCE REQUESTS
14	COORDINATE WITH HOSPITAL/DEPARTMENT SUPPORT SERVICES, E.G. SOCIAL SERVICES, RED CROSS
15	COORDINATE WITH OTHER DEPARTMENTS CONCERNING PROTOCOL VISITS/ CIVILIAN TOURS
16	REFER ONWARD TO THE PROPER PERSONNEL QUERIES FROM CIVILIAN ASSOCIATIONS/INDIVIDUALS
17	ESTABLISH LIAISON WITH CIVILIAN SPECIALISTS/CONSULTANTS
18	CONDUCT TOURS OF FACILITY FOR VISITORS
19	ALLOCATE LOCKERS
20	INVENTORY PATIENTS VALUABLES AND PLACE IN SAFEKEEPING
21	CARRY/STORE PATIENTS BAGGAGE
22	COORDINATE STORAGE OF PATIENTS BAGGAGE
23	PICK UP BLOOD FROM BLOOD BANK
24	PERFORM ADMINISTRATIVE ERRANDS, E.G. PICK-UP PAYCHECKS, DELIVER/ RETURN TIME CARDS
25	PICK UP/DELIVER MAIL/PACKAGES

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 22 OF RESPONSE BOOKLET
26	PREPARE RADIOGRAPHS FOR VIEWING BY DOCTOR
27	DISTRIBUTE/COLLECT MENUS
28	DISTRIBUTE/COLLECT MEAL TRAYS
29	CARRY OUT OFFICE/AREA/UNIT SECURITY MEASURES
30	GIVE FAMILIARIZATION BRIEFINGS TO NEWLY ARRIVING PERSONNEL
31	MAKE RECOMMENDATIONS ON/APPROVE/DISAPPROVE PERSONNEL REQUESTS TO ATTEND MEETINGS/CONFERENCES
32	CONDUCT STAFF MEETINGS TO DISCUSS PLANS/ACTIVITIES/PROBLEMS
33	DOCUMENT NEW OR CHANGED PROCEDURES
34	CONSULT WITH STAFF TO DESIGN/AMEND/UPDATE PROCEDURES /TECHNIQUES
35	PREPARE STANDING OPERATING PROCEDURES, GUIDES AND INSTRUCTIONS FOR USE BY PERSONNEL
36	INITIATE NEW OR CHANGED TECHNICAL PROCEDURES
37	COMPOSE/DRAFT AN AGENDA FOR STAFF MEETINGS
38	WRITE/ENTER INTO LOG MINUTES/NOTES OF MEETINGS
39	KEEP PERSONNEL INFORMED OF ADMINISTRATIVE COMMUNICATION CHANGES
40	MAINTAIN ATTENDANCE RECORDS
41	ASSIGN WORK TO PATIENTS
42	ARRANGE TIME/DETAIL SCHEDULES
43	MAINTAIN DUTY/CALL/EMERGENCY RECALL ROSTER
44	ADJUST DAILY ASSIGNMENT SHEET/WORK SCHEDULE AS NEEDED
45	ASSIGN PERSONNEL TO DUTIES/WORK ACCORDING TO SCHEDULE
46	DETERMINE DUTIES FOR PERSONNEL
47	RELIEVE OTHERS FOR LUNCH/COFFEE BREAKS
48	REQUEST/RECOMMEND ADDITIONAL PERSONNEL WHEN REQUIRED
49	ROTATE PERSONNEL DUTIES, E.G. FOR EXPERIENCE/VARIETY
50	PLAN FOR OVERTIME/LEAVE/LIBERTY/TIME OFF

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 23 OF RESPONSE BOOKLET
1	DELEGATE TYPING TASKS
2	ENSURE THAT ALL PERSONNEL MAINTAIN PROPER MILITARY BEARING, E.G. CLEANLINESS, ATTIRE
3	INTERVIEW/COUNSEL/ADVISE STAFF
4	COUNSEL PERSONNEL/TRAINEES ON CAREER PLANS, E.G. AVAILABILITY OF EDUCATIONAL PROGRAMS
5	GIVE DIRECT SUPERVISION TO CORPSMEN/TECHNICIANS
6	GIVE DIRECT SUPERVISION FOR THE PREPARATION OF REQUISITIONS/PURCHASE ORDERS/WORK REQUESTS
7	REVIEW SUGGESTIONS AND COMPLAINTS FROM PERSONNEL
8	REVIEW/COMMENT ON/FORWARD PERSONNEL REQUESTS/MEMOS/LETTERS
9	EVALUATE THE PERFORMANCE OF PERSONNEL
10	RECOMMEND DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED
11	RECOMMEND PERSONNEL FOR REASSIGNMENT, I.E. NEW COMMAND
12	RECOMMEND PERSONNEL FOR EDUCATION/TRAINING
13	CARRY OUT WORK SIMPLIFICATION OR WORK MEASUREMENT STUDIES, E.G. TIME AND MOTION, JOB ENRICHMENT
14	DEVELOP IMPROVED WORK METHODS AND PROCEDURES
15	SET UP/BREAK DOWN CLASSROOM DEMONSTRATIONS/TEACHING AIDS
16	ARRANGE FOR USE OF LECTURE/TEACHING/DEMONSTRATION AIDS AND EQUIPMENT
17	COORDINATE/ARRANGE FOR USE OF ROOMS, E.G. LECTURES, CONFERENCE
18	REQUISITION TRAINING AIDS FROM OTHER HOSPITALS/CLINICS OR CIVILIAN/GOVERNMENT HEALTH FACILITIES
19	APPROVE REQUESTS FOR TRAINING AIDS/MATERIALS/BOOKS
20	DESIGN TRAINING AIDS, ILLUSTRATIONS, GRAPHICS
21	LEAD DISCUSSION ON MEDICAL TOPICS DURING UNIT'S CLASSES/CONFERENCES
22	GIVE FIRST AID INSTRUCTION
23	INSTRUCT NON-MEDICAL PERSONNEL IN HEALTH SUBJECTS
24	LECTURE/ORIENT PERSONNEL ON DENTAL CARE AND HYGIENE
25	LECTURE/ORIENT PERSONNEL ON VD AND OTHER SOCIAL DISEASES

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 23 OF RESPONSE BOOKLET
26	INSTRUCT ON PERSONAL HYGIENE
27	SCHEDULE LECTURES
28	PLAN CONFERENCES FOR STUDENTS DURING PRACTICAL TRAINING
29	SELECT TOPICS FOR STAFF LECTURE SERIES
30	CONDUCT SEMINARS
31	SUGGEST TOPICS FOR CLASSES/CONFERENCES
32	WRITE REPORTS FOR CLASSES/CONFERENCES
33	DEMONSTRATE NEW EQUIPMENT OR PRODUCTS TO STUDENTS/STAFF
34	DEMONSTRATE CLINICAL PROCEDURES USING PATIENT/SUBJECT
35	PERFORM CLASSROOM DEMONSTRATIONS
36	SELECT WORK EXPERIENCES FOR STUDENT/TRAINEE
37	DECIDE WHEN TRAINEE IS CAPABLE OF PERFORMING A PROCEDURE WITHOUT DIRECT SUPERVISION
38	CHECK INDIVIDUAL'S PROGRESS DURING OJT
39	MAINTAIN RECORD OF TRAINEE'S EXPERIENCE IN OJT PROGRAM, E.G. COURSES, PRACTICAL EXPERIENCE
40	POST/ENTER TRAINING INFORMATION INTO INDIVIDUAL RECORDS
41	EVALUATE EFFECTIVENESS OF UNIT'S OJT PROGRAM
42	PLAN CONTENT FOR OJT PROGRAM
43	ORIENT TRAINEES/STUDENTS TO PROGRAM, I.E. OBJECTIVES OF PROGRAM, CLASS SCHEDULE
44	PLAN/WRITE STUDENTS ROTATION SCHEDULE
45	EVALUATE TEACHER EFFECTIVENESS
46	EVALUATE CLASSROOM/CLINICAL INSTRUCTIONAL TECHNIQUES
47	EVALUATE INSTRUCTIONAL MATERIAL FOR CONTENT
48	EVALUATE NURSING CARE PROCEDURES/STANDARDS
49	USE AND EVALUATE NEW EQUIPMENT/MATERIAL (USER-TRIAL)
50	CALIBRATE/TEST EXPERIMENTAL EQUIPMENT/APPARATUS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 24 OF RESPONSE BOOKLET
1	BUILD SPECIAL EQUIPMENT/DEVICES FOR RESEARCH
2	RECORD/MAINTAIN RECORDS OF EXPERIMENTAL FINDINGS/TESTS
3	COMPILE EXPERIMENTAL DATA FOR REPORTS
4	CONDUCT RESEARCH LITERATURE SEARCH/SURVEY
5	CORRESPOND/VISIT WITH LIKE-FIELD RESEARCHERS/LABS
6	GIVE BRIEFINGS ON RESEARCH IN PROGRESS/RESULTS
7	ACT AS OBSERVER OF EXPERIMENTAL SUBJECTS/ANIMALS
8	CHECK DRUGS FOR SUPPLY NEEDS
9	ORDER STOCK MEDICATIONS FROM PHARMACY
10	ORDER NARCOTICS AND CONTROLLED DRUGS FROM THE PHARMACY
11	CHECK REQUISITIONS AGAINST DRUG ISSUES
12	CONTROL DISTRIBUTION OF NARCOTICS, I.E. CARRY UNIT NARCOTICS KEY
13	COMPILE LIST OF OUTSTANDING WARD NARCOTICS
14	SEARCH FOR UNACCOUNTABLE WARD/CLINIC NARCOTICS/CONTROLLED DRUGS
15	CHECK/COUNT NARCOTICS/CONTROLLED DRUGS
16	SIGN FOR NARCOTICS AND RESTRICTED DRUGS
17	MAINTAIN/ACCOUNT FOR BULK ALCOHOL
18	MAKE ENTRIES ON NAVMED 6710/1 (NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD)
19	MAKE ENTRIES INTO CONTROLLED DRUG/ALCOHOL LOG
20	DELIVER NARCOTICS/CONTROLLED DRUGS/ALCOHOL TO WARD/CLINIC/OTHER DEPARTMENTS
21	DO AN INVENTORY OF DRUGS OTHER THAN NARCOTICS AND CONTROLLED DRUGS
22	DISPOSE OF/RETURN MEDICATIONS/DRUGS WHOSE SHELF-LIFE HAS EXPIRED
23	DISPOSE OF MEDICATIONS PREPARED BUT NOT ADMINISTERED
24	DISPOSE/REPACK UNCLAIMED MEDICATIONS/DRUGS
25	ROTATE PHARMACEUTICAL STOCKS TO INSURE FRESHNESS AND POTENCY

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 24 OF RESPONSE BOOKLET
26	MONITOR EXPIRATION DATED PHARMACEUTICALS
27	CHECK DRUGS FOR VISIBLE CONTAMINATION/DETERIORATION, E.G. CLOUDINESS, COLOR CHANGE
28	DETERMINE EXPIRATION DATE OF LOCALLY COMPOUNDED PHARMACEUTICALS
29	INSPECT DRUG STORAGE IN WARD/CLINIC/DEPARTMENT
30	PREPARE AND MAINTAIN ANTIDOTE SECTION/LOCKER
31	MAINTAIN SUPPLY LEVEL OF IN-DATED ANTI-SERAS
32	SAFEGUARD POISONS
33	CLASSIFY AND STORE DRUGS
34	STOCK ANESTHETIC CART
35	PREPARE MEDICATIONS AND RECORDS FOR PATIENT IN FLIGHT
36	DETERMINE STORAGE AREA FOR NARCOTICS/CONTROLLED DRUGS
37	NEGOTIATE WITH CIVILIAN SUPPLIERS REGARDING NEW DRUGS
38	MAKE RECOMMENDATIONS ON PURCHASE/REPLACEMENT OF EQUIPMENT/ SUPPLIES
39	MAKE LOCAL (OPEN) PURCHASE OF SUPPLIES
40	PREPARE REQUISITIONS FOR SUPPLIES/EQUIPMENT
41	ORDER SUPPLIES/EQUIPMENT THROUGH FEDERAL SUPPLY SYSTEM
42	CHECK/LOCATE/IDENTIFY PART NUMBERS FROM CATALOGUES/MANUALS
43	PREPARE PAPERWORK FOR EQUIPMENT REPAIR/MAINTENANCE
44	PREPARE PAPERWORK FOR RETURN OF DAMAGED MATERIALS/SUPPLIES/ EQUIPMENT
45	VERIFY AND CO-SIGN INVENTORY
46	DO SUPPLY/EQUIPMENT INVENTORY
47	PREPARE INVENTORY REPORTS
48	MAINTAIN A SUPPLY (EQUIPMENT, MATERIALS) INVENTORY SYSTEM
49	TRANSPORT STERILE EQUIPMENT/SUPPLIES, RETURN DIRTY OR EXPIRED ITEMS TO CENTRAL SUPPLY ROOM
50	ISSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 25 OF RESPONSE BOOKLET
1	VERIFY/SIGN OFF ON REQUISITIONS/RECEIPTS FOR SUPPLIES/EQUIPMENT/MATERIAL
2	COORDINATE ON EQUIPMENT LOANS, BORROWING OF MEDICAL/DENTAL SUPPLIES/TRAINING AIDS
3	MAINTAIN PROPERTY CUSTODY CARDS FOR EQUIPMENT
4	COORDINATE LOADING AND UNLOADING OF EQUIPMENT
5	DETERMINE CORRECT NUMBER OF TABLES/STRETCHERS FOR PATIENTS
6	COORDINATE WITH MANUFACTURERS/CONTRACTORS FOR EQUIPMENT REPAIR/MAINTENANCE
7	APPROVE/DISAPPROVE NEW EQUIPMENT REQUESTS
8	ASSIGN SPACE FOR EQUIPMENT AND SUPPLIES
9	DETERMINE THE PHYSICAL LAYOUT OF WORK AREA FURNITURE/EQUIPMENT
10	PICK UP/DELIVER EQUIPMENT
11	UNPACK EQUIPMENT
12	STORE SUPPLIES
13	MAINTAIN STOCK OF SUPPLIES/MATERIALS/SPARE PARTS FOR UNIT
14	MAINTAIN STOCK OF STERILE SUPPLIES
15	MAINTAIN UNIT/WARD/SECTION FIRST AID AND EMERGENCY EQUIPMENT
16	MAINTAIN STOCK OF CHEMICAL SOLUTIONS
17	STORE INSTRUMENTS
18	CHECK INSTRUMENTS AND SUPPLIES FOR STERILIZATION INDICATORS
19	CHECK PRESSURIZED TANKS FOR QUANTITY OF GAS, E.G. OXYGEN, HELIUM
20	ROTATE INVENTORY
21	DISPOSE OF SUPPLIES/INSTRUMENTS/EQUIPMENT AFTER TIME LIMIT/EXPIRATION DATE
22	INSPECT SUPPLIES/EQUIPMENT FOR ACCEPTABILITY/DAMAGE/LOSS/PILFERAGE
23	INSPECT THAT SUPPLIES/MATERIALS/EQUIPMENT ARE STORED PROPERLY
24	EVALUATE THE MAINTENANCE AND USE OF SUPPLIES, EQUIPMENT AND WORK SPACE
25	ESTABLISH SUPPLY USAGE RATE

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 25
OF RESPONSE BOOKLET

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| 26 | SUPERVISE ROUTINE EQUIPMENT MAINTENANCE FOR SECTION/UNIT |
| 27 | DETERMINE IF EQUIPMENT NEEDS REPAIR/SERVICE |
| 28 | DO MINOR REPAIR ON EQUIPMENT |
| 29 | ATTACH IDENTIFYING TAG TO COMPONENTS/EQUIPMENT |
| 30 | MODIFY EQUIPMENT FOR NON-STANDARD USAGE |
| 31 | DO FOLDING, WRAPPING AND STORING OF LAUNDRY/LINEN |
| 32 | MAINTAIN INVENTORY/STOCK OF EQUIPMENT/FURNITURE |
| 33 | PACKAGE (WRAP/DATE/LABEL) STERILE SUPPLIES |
| 34 | PREPARE RUBBER GOODS FOR STERILIZATION |
| 35 | BREAK DOWN SURGICAL INSTRUMENTS FOR POST OPERATIVE CLEANING |
| 36 | DISINFECT INSTRUMENTS/MATERIALS/EQUIPMENT |
| 37 | WASH GLASSWARE/INSTRUMENTS |
| 38 | MAKE UP STERILE TRAYS |
| 39 | SELECT/SET UP STANDARD INSTRUMENT TRAYS FOR SCHEDULED SURGERY |
| 40 | ESTABLISH/MAINTAIN SUTURE/INSTRUMENT TRAY CARDS |
| 41 | DETERMINE METHOD OF STERILIZATION FOR INSTRUMENTS/EQUIPMENT |
| 42 | REPLENISH SOLUTIONS |
| 43 | DETERMINE/SELECT AGENTS/PROCESSES FOR EQUIPMENT/INSTRUMENT STERILIZATION |
| 44 | TEST AUTOCLAVE EFFECTIVENESS WITH CULTURE STRIPS |
| 45 | PREPARE NORMAL SALINE SOLUTION |
| 46 | PREPARE DISTILLED WATER |
| 47 | SELECT/SET UP INSTRUMENTS FOR SMALL PACKS |
| 48 | DO HOUSEKEEPING/CLEANING DUTIES |
| 49 | ARRANGE FOR HOUSEKEEPING/CLEANLINESS OF AREA |
| 50 | CLEAN AND ARRANGE BEDSIDE UNITS |

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 26 OF RESPONSE BOOKLET
1	CHANGE LINENS, E.G. BED, EXAM TABLES, BEDSIDE CURTAIN
2	MONITOR PATIENT CLOTHING, LINEN, AND WASTES FOR RADIOACTIVE CONTAMINATION FOLLOWING RI THERAPY
3	INSPECT SPACES FOR CLEANLINESS
4	PREPARE ISOLATION ROOM FOR PATIENT
5	CLEAN AND DISINFECT WORKING AREA
6	DO TERMINAL CLEANING AND DISINFECTING OF ISOLATION ROOM/AREA
7	DO CLEANING OF PATIENT'S UNIT FOLLOWING DISCHARGE/TRANSFER/DEATH
8	PACK/WRAP ALL EQUIPMENT/SUPPLIES/REFUSE FROM ISOLATION UNITS BEFORE REMOVAL
9	REVIEW AND EVALUATE ASEPTIC TECHNIQUES
10	FOG AREA WITH BACTERICIDE
11	INSPECT SHOWER FACILITIES
12	INSPECT TOILETS AND WASHROOMS
13	PROVIDE ADVICE ON IMPROVING HYGIENIC CONDITIONS
14	PERFORM FUMIGATION PROCEDURES
15	INSPECT COFFEE MESS/DINING ROOM
16	INSPECT FOOD STORAGE FACILITIES FOR SANITATION
17	CHECK FOOD IN REFRIGERATORS/MEAL TRAYS FOR FRESHNESS
18	ADJUST HEATING/VENTILATION ACCORDING TO WEATHER CONDITIONS
19	CHECK EQUIPMENT FOR ELECTRICAL HAZARDS AND GROUNDS
20	DO PERIODIC MECHANICAL SAFETY CHECKS ON POWER OPERATED EQUIPMENT
21	PERFORM ROUTINE SAFETY INSPECTIONS
22	CHECK COMPRESSED GAS TANKS FOR LEAK, E.G. OXYGEN
23	ADVISE PERSONNEL/PATIENT ON ROUTINE RADIATION SAFETY PRECAUTIONS
24	ENFORCE ACCIDENT PREVENTION MEASURES
25	ENSURE THAT SAFE INDUSTRIAL PRACTICES ARE ADHERED TO E.G. USE OF PROTECTIVE EYE GLASSES

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 26 OF RESPONSE BOOKLET
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| 26 | SELECT TYPE OF PESTICIDE TO BE USED FOR EXTERMINATION |
| 27 | PREPARE RODENTICIDES AND INSECTICIDES FOR USE |
| 28 | PROVIDE ADVICE ON FOOD EDIBILITY/WATER POTABILITY |
| 29 | DO CHLORINATION OF DRINKING WATER |
| 30 | RECOMMEND ACTION TO BE TAKEN ON SUSPECTED EPIDEMIOLOGICAL PROBLEM |
| 31 | PARTICIPATE IN JOINT DISASTER EXERCISES OR MANEUVERS |
| 32 | PARTICIPATE IN EMERGENCY EVACUATION DRILLS |
| 33 | CLEAN BARRACKS OR CREW'S QUARTERS |
| 34 | DO CLEANING/DEFROSTING REFRIGERATOR AS REQUIRED |
| 35 | OPERATE ELEVATOR |
| 36 | STAND WATCH IN MEDICAL LIBRARY |
| 37 | STAND WATCH IN MEDICAL RECORDS |
| 38 | STAND FIRE/SECURITY/BARRACKS WATCH |
| 39 | TRANSPORT LAUNDRY TO/FROM LAUNDRY ROOM |
| 40 | COLLECT/REMOVE TRASH/GARBAGE |
| 41 | DRIVE AMBULANCES OR AMBULANCE BUSES |
| 42 | SERVE AS CHAUFFEUR FOR VISITORS OR VIPS |
| 43 | PERFORM DAILY MAINTENANCE INSPECTION OF WORKSPACES |
| 44 | PARTICIPATE IN FIRE FIGHTING DRILLS |
| 45 | PARTICIPATE IN HELO EXERCISES |
| 46 | STAND SPECIAL SECURITY WATCH FOR VIPS, PRISONERS |
| 47 | STAND WATCH AT INFORMATION DESK |
| 48 | STAND WATCH ON FEMALE/DEPENDENT WARD |
| 49 | WORK IN ROUTINE WORKING PARTIES, E.G. LOAD, UNLOAD, CLEAN, MAINTAIN GROUNDS |
| 50 | PAINT WALLS, CEILINGS, FURNITURE OR EQUIPMENT |

TURN PAGE

LEFT PAGE 27 GENERAL CORPSMAN TASK BOOKLET

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 27
OF RESPONSE BOOKLET

1 PREPARE FOR INSPECTIONS

GO TO PART IIB

Part II B

LIST OF INSTRUMENTS AND EQUIPMENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 28 OF RESPONSE BOOKLET
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- | | |
|----|---|
| 1 | COLLAPSIBLE LITTER |
| 2 | STRETCHER, PORTABLE (AMBULANCE) |
| 3 | GUPNEY CARTS |
| 4 | WHEEL CHAIR |
| 5 | HOSPITAL BEDS AND ACCESSORIES |
| 6 | BED CRADLES |
| 7 | STETHOSCOPE |
| 8 | SPHYGMOMANOMETER (BLOOD PRESSURE APPARATUS) |
| 9 | OPHTHALMOSCOPE |
| 10 | OTOSCOPE |
| 11 | SPECULUM, EAR |
| 12 | THERMOMETER, CLINICAL |
| 13 | LARYNGOSCOPE/ACCESSORIES |
| 14 | PERCUSSION HAMMER |
| 15 | CLINICAL WEIGHT AND HEIGHT SCALES |
| 16 | SYRINGE/NEEDLES |
| 17 | MULTIPLE INJECTION JET IMMUNIZATION GUN |
| 18 | SCALE, BED, RENAL |
| 19 | ELECTRIC THERMOMETER, E.G. IVAC, K-PROBE |
| 20 | SUCTION MACHINE, WALL UNIT |
| 21 | GOMCO SUCTION MACHINE |
| 22 | EMERSON SUCTION MACHINE |
| 23 | ASPIRATOR, PORTABLE |
| 24 | AQUAMATIC K-PAC MACHINE |
| 25 | HYDROCOLLATOR MACHINE |

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 29
OF RESPONSE BOOKLET

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|----|--|
| 26 | ALTERNATING PRESSURE PAD AND MATTRESS |
| 27 | FLESH PAD/FAT PAD |
| 28 | GEL FOAM MATTRESS |
| 29 | SITZ BATH |
| 30 | HEAT LAMP |
| 31 | INFRA RED LAMP |
| 32 | FOLEY BAG AND TUBING |
| 33 | URO SHEATH/EXTERNAL CATHETER |
| 34 | HEMOVAC |
| 35 | COLOSTOMY, ILEOSTOMY, URETEROSTOMY BAGS |
| 36 | CHEST BOTTLE AND TUBING |
| 37 | DEPILATORY, E.G. SURGEX |
| 38 | IVAC AUTOMATIC I.V. DROPS/MINUTE COUNTER |
| 39 | SOLU-SET, HEMO-SET |
| 40 | AUTOMATIC I.V. INJECTOR, E.G. HARVARD |
| 41 | BLOOD PUMP |
| 42 | CVP MANOMETER |
| 43 | SCALES, DIETETIC |
| 44 | COLOR VISION PLATES, E.G. PIP |
| 45 | PROJECTOR LAMP FOR SNELLEN CHARTS |
| 46 | EYE CHART, DISTANCE AND NEAR |
| 47 | ULTRAVIOLET LAMP, DERMATOLOGY (DIAGNOSTIC) |
| 48 | ULTRAVIOLET LAMP, DERMATOLOGY (TREATMENT) |
| 49 | THERMOMETER TRAY |
| 50 | TRAY, OPERATING ROOM PREP |

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 29 OF RESPONSE BOOKLET
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| 1 | TRAY, CONTINUOUS G.U. IRRIGATION |
| 2 | MID-STREAM URINE KIT |
| 3 | CATHETERIZATION SET, URINARY |
| 4 | TRAY, CATHETER INDWELLING |
| 5 | IRRIGATION KIT |
| 6 | SUTURE REMOVAL SET |
| 7 | TRAY, CLIP REMOVAL |
| 8 | SUTURE (S & D) TRAY |
| 9 | TRAY, WET COMPRESSS |
| 10 | DRESSINGS (TRAY, CART, DRAWER) |
| 11 | PLASTIC DRESSING TRAY |
| 12 | BURN PACK |
| 13 | TRAY, EYE IRRIGATION |
| 14 | TRAY, ANAESTHETIC, LOCAL |
| 15 | TRAY, ANAESTHETIC SPINAL |
| 16 | EYE DRESSING TRAY |
| 17 | TRAY, IRRIGATION EAR |
| 18 | IMMUNIZATION KITS |
| 19 | FIRST AID KIT |
| 20 | EMERGENCY DRUG SUPPLY (KIT, BOX, DRAWER) |
| 21 | EMERGENCY CART (CRASH CART) |
| 22 | MASS CASUALTY AID KIT |
| 23 | TPAY, INCISION DRAINAGE |
| 24 | TRAY, JOINT ASPIRATION/INJECTION |
| 25 | CARDIAC ARREST TRAY/CART |

GO TO RIGHT HAND PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 29 OF RESPONSE BOOKLET
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26	CVP (VENOUS PRESSURE) TRAY
27	CHEST TUBE TRAY
28	PACEMAKER PACK
29	TRAY, LUMBAR PUNCTURE
30	TRAY, TRACHEOTOMY
31	TRACHEOTOMY CARE TRAY
32	INSTRUMENT TRAY, MINOR SURGERY
33	TRAY, SKIN BIOPSY
34	KIDNEY BIOPSY TRAY
35	LIVER BIOPSY TRAY
36	TRAY, MUSCLE BIOPSY
37	PARACENTESIS TRAY
38	PHLEBOTOMY TRAY
39	ISMP (BONE MARROW) TRAY
40	THORACENTESIS TRAY
41	PERITONEAL DIALYSIS TRAY
42	SMALL BOWEL BIOPSY TRAY
43	T & A BLEEDER TRAY
44	NASAL BLEEDER TRAY
45	NASAL FRACTURE SET
46	TYPEWRITER
47	ADDRESSOGRAPH MACHINE, MANUAL
48	DEFIBRILLATOR, PORTABLE
49	DEFIBRILLATOR COMPLETE WITH SCOPE SYNCHRONIZER
50	ELECTROCARDIOGRAPH (EKG) APPARATUS

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 30 OF RESPONSE BOOKLET
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| 1 | ELECTROENCEPHALOGRAPH (EEG) APPARATUS |
| 2 | PACEMAKER ELECTRODYNE AND MONITOR PM 65 |
| 3 | III PACEMAKER ELECTRODYNE TRANSISTOR MODEL TD 3 |
| 4 | PACEMAKER EXTERNAL |
| 5 | PACEMAKER INTERNAL |
| 6 | HYPD-HYPER-THERMIA MACHINE |
| 7 | HYPOTHERMIA BLANKET |
| 8 | CVP MONITOR (MODULE) |
| 9 | ARTERIOSONDE BLOOD PRESSURE MONITOR (MODULE) |
| 10 | PATHISOINOGRAPHY (MODULE) |
| 11 | DESK MONITORS AND SCOPE |
| 12 | ELECTRONIC CARDIAC MONITOR |
| 13 | REMOTE MONITOR TELEMEDICS RKG 100 |
| 14 | CARDIAC MONITOR, PORTABLE MINISCOPE |
| 15 | EXTERNAL CARDIAC MASSAGER (THUMPER) |
| 16 | CARDIOVERTER |
| 17 | ROTATING TOURNIQUETS, ELECTRICAL |
| 18 | TRAVENAL ARTIFICIAL KIDNEY |
| 19 | ELECTRONIC KIDNEY MONITOR |
| 20 | ARTIFICIAL KIDNEY COILS AND BLOOD LINES |
| 21 | FLOW METER |
| 22 | OXYGEN CYLINDER/TANK, PORTABLE |
| 23 | OXYGEN, WALL UNIT |
| 24 | IPPB MACHINE (POSITIVE PRESSURE BREATHING APPARATUS) |
| 25 | VENTI MASKS (24%, 28%, 35%) |

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 30
OF RESPONSE BOOKLET

26	RESPIRATOR, BENNETT
27	RESPIRATOR BIRD
28	RESPIRATOR, EMERSON
29	AMBU BAG (HOPE BAG)
30	AMBU MACHINE
31	RESPIRATOR, MONAGHAM PORTABLE
32	INHALATOR-ASPIRATOR (RESUSCITATOR)
33	PORTABLE IRON LUNG
34	ATOMIZER
35	COLD AIR HUMIDIFIER
36	MISTIFIER, E.G. PUPITAN
37	VAPORIZER
38	ULTRASONIC NEBULIZER
39	CROUP TENT
40	O2 PERCENT ANALYZER
41	CO2 ANALYZER
42	TRACH TUBES, PLASTIC WITH CUFF (PORTEX)
43	AIRWAYS
44	ENDOTRACHEAL TUBE
45	AIR SHIELDS, RESPIRATOR
46	COMPRESSED GAS TANKS/CYLINDERS (OTHER THAN OXYGEN)
47	TRACHEOTOMY TUBES, METAL
48	CIRCOELECTRIC BED
49	STRYKER FRAME
50	FOSTER FRAME

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 31 OF RESPONSE BOOKLET
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|----|---|
| 1 | BATH WHIRLPOOL ARM |
| 2 | BATH WHIRLPOOL LEG |
| 3 | TILT TABLE |
| 4 | GONIOMETER |
| 5 | CERVICAL COLLARS |
| 6 | BRACES (LEG, HAND, ARM) |
| 7 | CRUTCHES |
| 8 | WALKER |
| 9 | TRACTION MACHINE, INTERMITTENT |
| 10 | BALKAN FRAME |
| 11 | TRACTION EQUIPMENT , E.G. PULLEYS, WEIGHTS, BOWS, CORDS |
| 12 | THOMAS SPLINT AND ATTACHMENTS |
| 13 | CRUTCHFIELD/VINKE TONGS |
| 14 | LEG LENGTHENING DEVICES, E.G. STRYKER |
| 15 | STEINMAN PIN |
| 16 | TENSOR WRAPS |
| 17 | ORTHOPEDIC TABLES/ACCESSORIES |
| 18 | SPICA BODY TABLE |
| 19 | SHERLE-BOHLER BODY JACKET MACHINE |
| 20 | ALBEE COMPER TABLE |
| 21 | RISER TABLE |
| 22 | SAW, PLASTER CAST |
| 23 | FRACTURE SPLINTS |
| 24 | CAST CUTTERS |
| 25 | PLASTER CAST CART |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 31 OF RESPONSE BOOKLET
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| 26 | CAST BANDERS |
| 27 | CAST MATERIALS, E.G. PLASTER ROLLS, SPLINTS, WEBRIL, FOAM RUBBER |
| 28 | FOOT PLATES |
| 29 | PROCESSING MACHINE, X-RAY FILM, AUTOMATIC |
| 30 | STATIONARY X-RAY UNIT |
| 31 | PORTABLE X-RAY UNIT |
| 32 | X-RAY DEVELOPER, MANUAL, DRY PROCESS |
| 33 | SIGMOIDOSCOPE |
| 34 | ESOPHAGOSCOPES (RIGID, FLEXIBLE) |
| 35 | GASTROSCOPES (RIGID, FLEXIBLE) |
| 36 | PERITONEOSCOPE |
| 37 | PROCTOSCOPE, RIGID |
| 38 | PROCTOSCOPE, PHOTOELECTRIC |
| 39 | ESOPHAGEAL DILATORS |
| 40 | CROSBY SMALL BOWEL BIOPSY CAPSULE |
| 41 | MENGHIN LIVER BIOPSY NEEDLE |
| 42 | DREILING GASTRO-DUODENAL TUBE |
| 43 | BLAKEMORE TUBE & TRACTION UNIT |
| 44 | NACHLAS TUBE |
| 45 | SENGSTAKEN TUBE |
| 46 | GASTRIC COOLING MACHINE |
| 47 | CROUPETTE |
| 48 | INFANT WARMER |
| 49 | ARMSTRONG INCUBATOR |
| 50 | ISOLETTE |

TURN PAGE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 32 OF RESPONSE BOOKLET
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| 1 | ISOLETTE VAPORJETTE |
| 2 | INFANT RESPIRATOR |
| 3 | INFANT APNEA MONITOR |
| 4 | SCALES, INFANT |
| 5 | DELEE TRAP OR BULB SYRINGE |
| 6 | INFANT VAGINASCOPE |
| 7 | BOTTLE WASHER |
| 8 | TRAY, UMBILICAL CATHETERIZATION |
| 9 | EXCHANGE TRANSFUSION SET |
| 10 | BREAST PUMP |
| 11 | FETASCOPE |
| 12 | ELECTRIC FETASCOPE |
| 13 | DELIVERY FORCEPS |
| 14 | INSTRUMENT TRAY, DELIVERY |
| 15 | CERVICAL BIOPSY TRAY |
| 16 | IUD TRAY |
| 17 | RUBIN'S TRAY |
| 18 | HYSTEROSALPINGOGRAM TRAY |
| 19 | TUBAL INSUFFLATOR (RUBIN'S MACHINE) |
| 20 | VAGINAL EXAM INSTRUMENTS |
| 21 | ABORTION TRAY |
| 22 | AMNIOCENTESIS TRAY |
| 23 | EMERGENCY DELIVERY PACK |
| 24 | URINOMETER |
| 25 | PH METER |

GO TO RIGHT HAND PAGE

1 TASK NO. 1 ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 32
1 OF RESPONSE BOOKLET

- 26 | VOLUMETRIC GLASSWARE (OTHER THAN BURETS AND PIPETS)
- 27 | STOP WATCH
- 28 | COMPOUND MICROSCOPE
- 29 | VACUTAINER BLOOD COLLECTING SYSTEM
- 30 | MICRO HEMATOCRIT CENTRIFUGE AND READER
- 31 | CENTRIFUGE, LABORATORY (FLOOR MODEL)
- 32 | CENTRIFUGE, CLINICAL (TABLE MODEL)
- 33 | IL BLOOD GAS ANALYZER
- 34 | GAS BURNERS, E.G. BUNSEN
- 35 | WATER TESTING KIT
- 36 | PIPET
- 37 | INSTRUMENT WASHER-STERILIZER
- 38 | BED PAN STERILIZER
- 39 | AUTOCLAVE, DRY HEAT
- 40 | AUTOCLAVE, GAS
- 41 | AUTOCLAVE, STEAM
- 42 | FOGGING, APPARATUS, BIOLOGICAL
- 43 | CLOSE CIRCUIT TV SYSTEM
- 44 | MOVIE PROJECTOR/ACCESSORIES
- 45 | SLIDE/FILM STRIP/STILL PROJECTOR
- 46 | ADDING MACHINE
- 47 | AMBULANCE
- 48 | FIRE EXTINGUISHER
- 49 | ELECTRIC DESK CALCULATOR
- 50 | ELECTRONIC DATA PROCESSING EQUIPMENT

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 33
OF RESPONSE BOOKLET

1 AUTOMATIC DATA PROCESSING EQUIPMENT

END OF TASK BOOKLET